DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE REGISTRAR				CERTIFICATE OF DEATH . REG. NO.										
	I. DE	CEASED NAME	FIRST	11.	MIDDLE		111		2a. DATE C	OF DEATH	MONTH	DAY	YEAR	26 HOL	IR	
Ti,ma	3. SE		ea	Tha A. RACE	_	10.50	HIJEN	12 11 82 1						PM		
A	3. SE	Famela		4. KALE	5. DATE OF BIRTH MONTH DAY YEAR					6. AGE (IN YEARS EAST BIRTHDAY) IF UNDER I YEAR IF UNDER I HAS MONTH'S DAYS HOURS MIN.						
IJ,	Po. Bi	RTHPLACE ASTATE OR FO	DREIGN	Th. CITIZEN OF	WHAT COU	NTRY2 8	1 03	16	9 BALTIMORE CITY OR COUNTY OF DEATH							
3	MAÉ	RYLAND	7	U.S.A				MARRIED DIVORCED								
prin	w C	TY OR TOWN OF DEA	тн		HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION								12b, KIND OF BUSINESS OR			
5	A	nnapolis		Anne	HEACHTY, GIVE	ndel (2 Enga	1 lbsp	(TYPE OF WO	ORK FOR MOST O	F WORKING	LIFE) IN	DUSTRY			
35	13a. S	AL RESIDENCE (IF NURSING STATE RYLAN D	A · A ·		134 CHY A	POLIS		CITY LIMITS?	13e. STREET	ADDRESS Yorkto	own I	Road				
20	14. FA	ATHER'S NAME	A	AIDDLE	LA	ST		R'S MAIDEN NA	ME	MIDDLE			241	T		
40		CHARLES				AYSON		ARY		Dec. of		J	CHNS	CIN		
1		VAS DECEASED EVER II YES. NO OR UNKNOWNI		MED FORCES? WAR OR DATES)	166 SOCIAI	. SECURITY NO		BERNARD ALLEN 1318 Yorktown Rd. Annapolis.								
9	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storing underlying couse PART 2 OTHER SIGN 190. DATE OF OPERATOR	which ediote of the lost	DUE TO, OF	DATRIBUTING	SEQUENCE OF SEQUENCE OF 2 2 4 4 SO DEATH B	Emp dis ut notrelati	Gener	INAL DISEASE OR CONDITION GIVEN IN PART ITO A 120 AUTOPSY? 200 AUTOPSY? YES NO					H?		
9	EDICAL CE	CO CONTRIBUTADO CONTRA OS DE CALLES OS DECATA HOUR A.M. MONTH DAY YEAR									PART LOS	₹PART 2)		1		
	ME	WHILE NOT WHILE	E			OFFICE FARM, ETC.)	STRE	ET		CITY OR YOU	WN	co	YINUC	S	TATE	
		220 I certify that (I) (sow the accease above (I) (we) d	dive on_	12,	///	19. 57	ond thou	our) opinion o	deoth occurre	ed on the do	ete and ho	., 19_ 8 our ond f	12	ho (1) (s	e) lost	
		22b. AGNATURE	M.F.	went	M.	0_	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC	F IAN 🗌	27	20. DATE S	SIGNED	2_	
1	4	Joseph	TYPE OR	· Frici	not		22e. ADDRI 205	= Rid	jely	Ave	An	4 970	13	, m	1	
	BU.	urial, cremation, r RTAL	EMOVAL	236. DATE 12-14-	-1982	ASBUR	CEMETERY OF EROADI	CREMATORY ECK CEM	23d. LOC.	ATION OR TOWN	gert	S COUN	ATY	Marý	T'and	
	24. FU WI	INERAL DIRECTOR LLTAM REESE	E & S	ONS MOR!	An IUARÝ,	napoli:	s, Md.	DEC	131	REGISTRAR 982	JEG!	STRAR'S	SIGN ATU	the	1	

DHMH - 16 50M 1/81 (VRA 15, 4)

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3	6	1,	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 0 4 8	2
7	()	Ľ	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
	• 64 6		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR	R
	d you	3 SI	LILLIAM	1 MOORE HUDERSON 12 482 14 NACE 15 DATE OF BIRTH 16. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR OF UNDER 2	A M
	4	1	EMALE	MONTH DAY LEAR SM MONTHS DAYS HOURS	MIN.
		120	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BANTIMORE CITY OR COUNTY OF DEATH	
	deat funer thin 7	1	INADA	USA WIDOWED & DIVORCED HONE HRUNDEL	MD.
201	by the filed will	1	NWA POLIS	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACH PLY IN COLUMN OF SUSPENS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TO HE WIFE TO ME	SS OR
AND 2120	filled in	130	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	ONER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET HODEL 2140	0/
MARYLAND	mpletely ond 2 st	14. F	ATHER'S NAME FIRST A	AIDDLE HOORE LAST	38
BALTIMORE,	be executed and care. Pages 1	160.	WAS DECEASED EVER IN U.S. ARAYES, NO ORUNKNOWN) (IF YES, GIVE		Nã
BALT	sicio per ol., th		18 CAUSE OF DEATH (Enter onl	ly one couse per line for (a), (b) and ichii. BY APPROXIMATE INTERV BETWEEN ONSET AND D	VAL DEATH
Z ST.,	certific ing phy rbanpa r remay	10		E CAUSE (o) Order Cure	
PRESTON	death ottend ove co tian, o		Conditions, if ony, which	DUE TO, OR A CONSEQUENCE OF Caroline Heart The	
W. PRE	the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
201 V	ed by please rial, c		underlying couse lost.	(c)	
	n sign Then ta bu	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
RECORDS,	low r	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
¥	Sicion nsit p	ERTIF	210. ACCIDENT WAS UNDERLYING	YES NO YES NO YES NO 216. TIME OF INJURY 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2))
OF VIT	40 ++ 5 6		OR CONTRIBUTING CAUSE OF DEA"	The same of the sa	
NO O	¥ W Pro	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	
DIVISION	+ 0	2	WHILE NOT WHILE AT WORK	(A TOMA, GILLET, PACIONI, OPPICE, PARM, ETC.)	VIE.
	ATTENDING septial or of CTOR: After d for use os t t, of Health m 21 is marke		the deceded ofive on	ol) ottended the deceased from, 19, to, 19, that (I) (will be started as the date and hour and from the causes state, 19, and that in (my) (aur) apinion death occurred on the date and hour and from the causes state, 19, and that in (my) (aur) apinion death occurred on the date and hour and from the causes state, 19, and that in (my) (aur) apinion death occurred on the date and hour and from the causes state	
	C 0 0 0		above, III Is Identified not	DEGREE 221. DATE SIGNED	
	ALOR y the P ALDIR detach ate Deg		ten !	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	
	o HOSPITA etained by TO FUNER should be d with the Sta MAPORTANI		ZM PHYSICIAN'S NAME ITTEL OR	27e ADDRESS	
	TO HOSPITAL (retained by the TO FUNERAL (Should be deto with the State [IMPORTANT: If	736	BURIAL CREMATION, REMOVAL	123b. DATE 123c NAME OF CEMETERY OR CREMATORY 123d. LOCATION	7
	BP	2	EMD+10N	Dec. 61982 Ft. Lincoln Brentwood PG M	P
	IMH - 16 50M 7/77	24 F	UNERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 24. REGISTRAR'S SIGNATURE	9

HELDER OF THE THE LED TO STORY FOR THE PROPERTY OF THE PARTY OF THE PA The was to be to be seen I Cotton man later the tot I have all allowers desired the second of the secon and did be the of unlessed it wild out to the said

1851	1-	FOR STATE REGISTRAR		DEPART	CERTIFICATE C		GIENE 8 2	3	0 4	EST
-		CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH		Y YEAR	2b HOUR
ge 3 eoth	(I A NE	PAUL	W	ILLIAM	ATKINSO	N Sr.	DECEMBE	ER 12.	1982	4:36P M
g 2 33	3 SE		4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		male	white	2	Oct 31	, 1937	45	YRS.	INIHS! DAYS	HOURS MIN.
St.	1-81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED MEV	ER MARRIED	9 BALTIMORE CITY O	OR COUNTY C		MD
1 80	III CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OR OTHER	INSTITUTION	12a USUAL OCCUPAT	ION		F BUSINESS OR
01		GLEN BURNIE	NO		DEL HOSPIT	'AL	manageme		ret	ail sa
33	ide S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION UNITY AA	GIVE RESIDENCE BEFORE 13c CITY OR TOW Glen Bu	N . 113d. INSI	DE CITY LIMITS?	13e. STREET ADDRESS 405 Sec	cret B	end A	pt C
Comme	14 FA	THER'S NAME Leslie	MIDDLE H •	Atkinso		Gertri	AME		John	
0	16n V	VAS DECEASED EVER IN U.S.		16b SOCIAL SECU				_{ESS} Same		
medico	()		55-58				a S. Atkir			
novol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	line for (0), (b) one	Myoco	rdiel	Inferc	lia	APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
tic ev		4100 MMED	IATE CAUSE (o)							
non, oumo		Conditions, if ony, which	((b)	r as a conseque	NCE OF				100	
er fro		gove rise to immediate couse (a), stating the		R AS A CONSEQUE	NCE OF					
ol, cr		underlying couse lost.	(c)	(A3 A CONSCOOL	1102 01					
to burn	NO	PART 2 OTHER SIGNIFICAN	7 7	ONTRIBUTING TO E	DEATH BUT NOT RELA	TED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110),
kuo smo	CERTIFICATION	19a DATE OF OPERATION			OPERATION WAS PE	RFORMED	20a AUTOPSY?		WERE FINDIN	
frem 18 sho		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.	M. MONTH DA	Y YEAR	V INJURY OCCUR	RED (ENTER NATURE OF INJU			
orked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY EET, FACTORY OFFICE, F	21f. LOC	ATION	CITY OR TO)WN	COUNTY	STATE
s mo		220.1 certify that (1) (this ho		e deceased from		. 19	, to	. 19	·, t	that (1) (we) last
21		sow the deceased alive above, (Hywe) (did) (did	not) view the body	after death.	and that in (my) (our) opinion	death occurred on the d	ote and hour a	nd from the c	couses stated
T: If hen		17h SIGNATURE			DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		22c DATE 5	13/82
STANT: 1		22d. PHYSICIAN'S NAME (TYP			22e ADD	RESS 205	BALTIMORE-A	NNAPOL.	TS BOIL	LEVARD
with the State		BASANT K. KH	ANDELWAL	M.D.			BURNIE, MA			
≥ -		URIAL, CREMATION, REMOVA			IAME OF CEMETERY	OR CREMATORY	23d LOCATION			67.76
_		Burial 🥎	16 Dec	2.82 V€	terans C	emeter	y Crowns	7ille,	AA,	MD STATE
M 1/B1		ngîeton Fune	eral Hon	ADDRESS	Rurnio	MD 250E	C 1 4 1982	25h. John	20	shield

OEC 14 1382 James Built

	- 5	ems #18 FOR STATE	a-22a	File	n G57			MENT OF	HEALTH	ARYLAN AND ME	NTALH			2	3	0	a (8 4
1		EASED NAME	£11	DST			MIDDLE	:XAMIP	IEK.2 C	ERTIFIC	AIEO				, NO.			
1		OR PRINT)					WIDDE			FW21		- 1	OF	KNOWN ESTI-		ITH DAY	YEAR	26 HOUR
N L	CEV			RRIE					[BAARNS				MATED	1 MONT	1 12	19 8:	
3	SEX		I. RACE		DATE OF	DAY	YEAR		AY) MONT	DER I YR.	HOURS		2c. DAT	INCED	MONI	n DAY	TEAR	24 HOUR
		F	W		March		1963		RS.				DEA		1	1 12	19 8	
91	BIR FOR	EIGH COUNTRY)	ATE OR	/6	CITIZEN			TRY?	8. MARRI	ED NEV	ER MARRI	ED 🗌	9. BALTIA	MORE CIT	Y OR COL	JNTY OF	DEATH	
4		Michig				5.A			WIDOW		DIVORC		_Anr	ne Ar	undel	Cou	nty	MD
2/10). CIT	Y OR TOWN C	OF DEATH	11	(IF NOT IN	F HOSPI	ITAL, NUR	RSING HOM REET ADDRESS)	E, OR OTH	ER INSTITUT	ION	12a USU	AL OCCU	DRKING LIFE)	TYPE OF WO	RK 12b. KI	IND OF E R INDUS	BUSINESS
7		nnapol i			Anne	Arur	ndel	Gener		spital		Off	ice	Mana	ager	Je	ewel	ry
	SUAI g. ST	L RESIDENCE (HOME OR O	THER INSTITU			OR TOWN		13d INSIDE CIT	Y LIMITS?							
7	. 1	Aich.	V					enton			NO 🗌	268	34 P	inetr	ree [Dr.		
1, 11	f. FA	THER'S NAME			IDDLE			LAST		15. MOTHER	R'S MAIDE	NAME		MIDDLE			LAST	
	Г	Donald		G.	(IDULE		Baar			Els				₹.	Λ	Mand		ach
16	e. W	AS DECEASED	EVER IN U.	S. ARMED				IAL SECURIT	Y NO.	17. INFORM				ADDR				
2	(16)	No	(IF IE:	S, GIVE WAR	(OR DATES)					Mar	tenso	on F	. н		Tre	bton	.Mi	.ch.
		18 CAUSE OF	DEATH (En	ter anly a	ne couse p	er line fo	ar (a), (b),	and (c).)								1	APPROXIMA	ATE INTERVAL
		PARTIDEA	TH WAS C	AUSED B'	Y: CAUSE (a).	C.		de Poi	sonir	lg .						REI	WEEN ON	SET AND DEATH
		756	9 1	EDIAIL				SEQUENCE										
			s, if any, w		1													
7		cause (a)	stating the u		DUE T	O, OR A	S A CON	SEQUENCE	OF	1 2 3	100		Y H					
		lying caus	e lost.		(6)											0.0		
		PART 2 OTHER SIG	NIFICANT CONO	ITIONS CON	TRIBUTING TO	DEATH BU	T NOT RELA	TEO TO THE TERM	RINAL DISEASI	OR CONDITION	GIVEN IN PAI	RT 1 (e).						
	S O																	
7	CERTIFICATION	19a DATE OF	OPERATION	1	19b C	ONDITIO	ON FOR V	WHICH OPE	RATION W	AS PERFORM	AED?	I-R-C				20	AUTOPS	Υ?
1	Ĕ				1 1937											47 5	YES X	NO 🗆
0	CER S	21e. EXTERNAL	_	AS		ME OF II	NJURY MONTH	DAY 'VEA	21c. HC	OW INJURY	OCCURRE	D (ENTER N	ATURE OF IN	YJURY IN ITEA	M 18 PART 1 OF			
1	3	UNDERLYING	G CAUS	E OF DEA		P.M.	11/	DAY YEA	2 Su	bject	inge	sted	cyar	nide				
	LAN .	21d INJURY O					INJURY RY, FARM, ET	[AT HOME,		CATION								
	2	WHILE AT WORK	NOT WHILL	E 😡	SINE	HO		C.)	62		anhri	on T	CITY OR TO		olis	COUNTY	. Co	STATE Md.
					f al.		10/14/14	1.11		sy X.							. 00	a Mula
63			that I taak			7					Inspection		Inquiry		and in my	apinion		
		death resulte	TIM	Notural	couses L	-	Accident	L, St	ricide t	, Homici		Undete	ermined m	nonner	_,			
		ACTUAL	ON	1	NON	N	2		1108	D. Assi		+			DA	TE 11	1_13.	_92
0		SIGNATURE_	1	7	an .	1			M	.D. /\331	31011	MEDI	CAL EXA	MINER	SIG	NED	-12	-02
1 3 2 3		EXAMINER'S N	IAME	Ann	M. 01	xon.	M.E).		ADDRESS	111	Penn	St.	Bal	to.,	Md.	2120	1
77	n RII									ADDRESS R CREMATO			CATION					
1.	[SP	Remo		-AL 130.	11-14	1-82				em. F		CITY	OR TOWN	Tow	nship	OUNTY	1	Mich.
2	4. FU	NERAL DIRECT		905	York	Rd	F	Balto	1 1 1	212	PATE R	REC'D. BY	REGISTR	AR 75	GISTRAR	'S SIGNA		
	1	NAME . W.									'NOV	1 1 6	1982	X	elin	26	emel	4
		. VV . L		D N		3 11	U a a l	JCZ () .	- IVICI			-		100		-		

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	Items #18a-22a Film G575 1/18/83 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 2 3	1 4 8 6
1. D	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. ECEASED NAME FIRST MIDDLE LAST 120. DATE KNOWN MONTH	DAY YEAR 2b. HOUR
L	JOSEPH ▲ BAKER DEATH MATED □12-2	747
3.5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5-82 ₁₉ 8:20,A
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY 1. A. C. a. M.D. Or vorced Or vorce	
10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	128. KIND OF BUSINESS OR INDUSTRY
USI	JAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. COUNTY 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS	n same
14.	FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2/	12,2
160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117. INFORMANT ADDRESS	
	(YES, NO, OR UNKNOWN) 18 YES, GIVE WAR OR DATES) 220.40-9587 ALTMENIA BAKEN PASA	DENA, MD
7	PARTIDEATH WAS CAUSED BY: Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under- lying couse last: (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
NO		20 AUTOPSY?
CERTIFICATION		YES NO
MEDICAL CES	CONTRIBUTING CAUSE OF DEATH XENCEX 12/25/9 82 caught in trailer fire	RT 2)
ME	WHILE AT WORK AT WORK Trailer 392 Woods Rd. Pasadena A.A. C.	unty state O., Md.
	22a I certify that I took charge of the remains described above, held on Autapsy , Inspection , Inquiry , and in my of death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SKINATURE M.D. ASSISTANT MEDICAL EXAMINER SKINATURE	ninion n2-26-82
2	EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street	
230	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CHYPOSOWN CHYPOSOWN PASSAGENCE OF CEMETERY OR CREMATORY 236. LOCATION CHYPOSOWN PASSAGENCE OF CEMETERY OR CREMATORY PASSAGEN	NIX M DETATE
24.	FUNERAL DIRECTOR None for the Mangadore 35 2 9 1/ms an 5+ 250. DATE REC'D. BY REGISTRAR 256. REGISTRANS	KNEWHALLIER

STATE OF STA A STATE OF THE STA the state of the second of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

No. of the Control of 136,002 A 32.04 A 20.05 A 20.0 Table of the state HD. HA GRADER - X ESSEMMENTERS FILE FROM FIRST TREES OF A PROPERTY STORY ANLEA C TEARNES . THE IE. 2 Deader The Kangres and Survey State and But Deal & State CHARLES W KINZER ANNARCLIS, MARRING YVI some discount is the second content to the second in the second is AN THEOREM CONTRACTOR OF THE PARTY OF THE PA

/	Item #	45&6 Film G	575 1/26/	'83 rc	STATE O	F MARYLAND		65 64	19	0	0 0
-	FOR - STATE			DEPARTI		LTH AND MENTA		0 4	J	U	0 0
0	REGIS	RAR			CERTIFIC	ATE OF DEATH	1	REG. N	١٥.		
m.e	I. DECEASED		MID	DIE	A CAST	1	20. 0	DATE OF DEATH	MONTH DAY		HOUR A
be death		ALLER		AMES	REL)LL			12/1		1:10 M
= (M)	3. SEX	M	4. RACE		S. DATE OF	DAY YEAR	3 6	GE (IN YEARS LAST 8	YRS	NIHS DAYS H	UNDER 24 HRS
1 時に 引力	(COUNTRY)	ington, DC.	76 CITIZEN OF WI	HAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED		ALTIMORE CITY	or countrol	10	tu un
the death of the d	10. CITY OR TO	OWN OF DEATH		ACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	N 12a.	USUAL OCCUPA E OF WORK FOR MOST	TION OF WORKING (IFE)	12b. KIND OF B	
100	1700	ENCE (IF NURSING HOME OR	OTHER INSTITUTION GE	Y LIND		neval	- IK	et. rai	nter		
ND 24 ho	139 STATE	134 CON	hmond	FOUNDY	/N 13	3d. INSIDE CITY LIMI YES \(NO \(\overline{\overl	- Andrews	STREET ADDRESS	30x 3	324	
1 1 1	14. FATHERS		MIDDLE	TAST		MOTHER'S MAIDE		MIDDLE		A LAST	
W 1 11XD7	Fr	anklin 7	Thomas	Be	all	Zul	a	Frank	lin.	Wait	ers
AORE, ond cages redico	160 WAS DEC	EASED EVER IN U.S. AR UNKNOWN) (IF YES, GIV	W	SOCIAL SECL		7. INFORMANT	_	ADDI	RESS Rt.	1, Box	324
be exect on ond of b. Pages	Yes	Wu	711 -	578-03	_4317	tauline !	E. Co	Illins	Farr		VA.
hysicic poper navol.		ISE OF DEATH (Enter on			4 6 .		-			BETWEEN ONS	ET AND DEATH
ST gg b			TE CAUSE (o)	CA	RULAS	2 ARRI	691			15 a	MANTES!
he death of the offendin motion, ar recommotic	7	100	DUE TO, OR A	AS A CONSEOU		110004	111	, ,10	PRETTOK	2	6-1.00
RES dec	gove	ions, if any, which rise to immediate	(b)	TCI	116	MYOCA	14/1/1	INF	JRC HUN	1	JOUNG
W. of the state of		to), stating the ying couse tost.	DUE TO, OR A	AS A CONSEQUE	ENCE OF	Ele 10thc	hear	t defa	De	Caro	nce
201 s th s th pleo rriol	PART 2	OTHER SIGNIFICANT	CONDITIONS CON							IN PART 1/o	
RDS, require											
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. After this certificate has been sig as the buriol-transit permit. Then th and Mental Hygiene prior to be orked or tem 18 shows any injur	IFICATION	E OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION '	WAS PERFORMED	21	00 AUTOPSY?		VERE FINDINGS	
The I The Cion.	- L	Less Cluber					Y	ES NO	YES {		NO 🗆
SECIAN: The age physicio certificate ricol-transit entrol Hygie entrol Hygie frem 18 sha	21a. AC	TRIBUTING CAUSE OF DE		MONTH D	AY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF IN)	URY IN ITEM 18 PART	I OR PART 2)	
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Singleton Funeral Home, Glen Burnie, Md

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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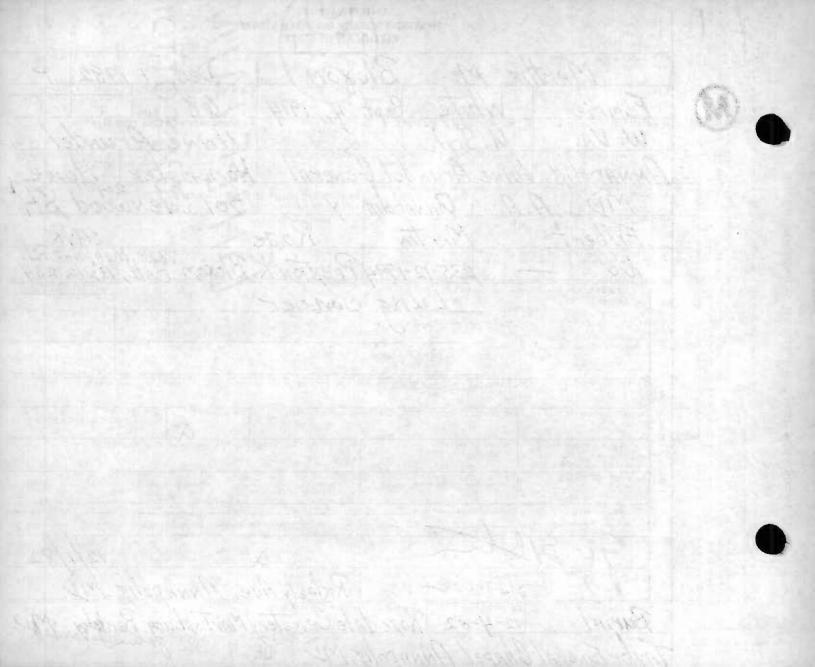
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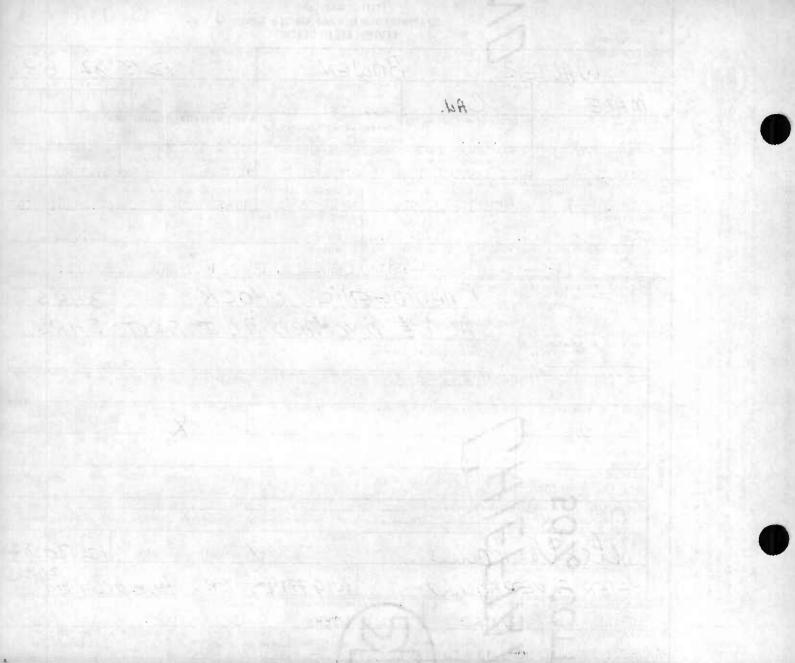
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1 - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 3	0494
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OR CONTRIBUTING	CAUSE OF DEATH HOUR A.M. MONTH P.M.	DAY YEAR 19 21t. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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		DEGREE		22c DATE SIGNED
Che Che Part Annual Men Annual Me	et Veckous	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-20-82
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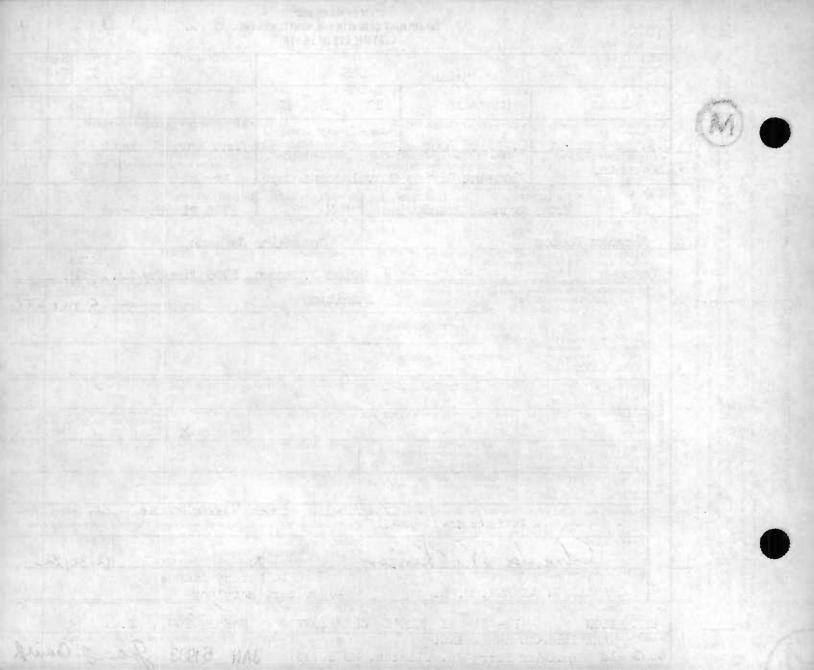


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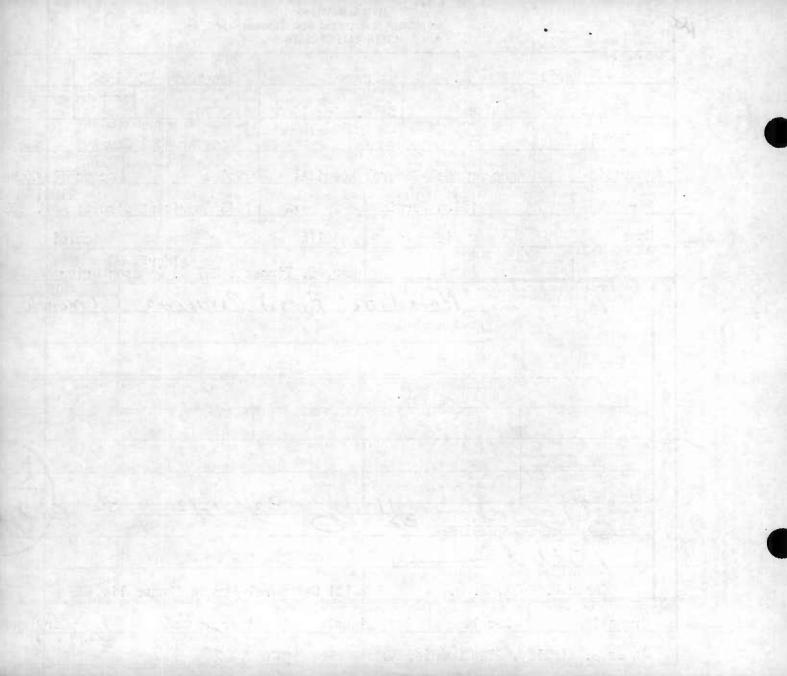
STATE OF MARYLAND



10	1.	FOR STATE REGISTRAR		DEPARTM	LENT OF H	E OF MARYLAND LEALTH AND MENT. ICATE OF DEAT			3	0 4	9 7	
	I. DE	CEASED NAME FIRST	MIDE	DLE	L	AST		REG. N 2a DATE OF DEATH		DAY YEAR	2b HOUR	
	(TYPE	Marie).	Dv	POWIN					100K	
	3. SE		4 RACE		5. DATE C	OWN OF BIRTH	6	December AGE (IN YEARS LAST BIR		1982 IF UNDER 1 YEAR	IF UNDER 24 HRS	
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(Hugo		Dickhof	f	Julia		MIDDLE		Nico	loi	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDR	dorf,	MD	FA TA	
		No			5.111	Mary E.	Tippe	tt, 287 G.	Jame	son Drive,		
	Z	18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE 1749 IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT (DUE TO, OR A (b) DUE TO, OR A (c)	S A CONSEQUE	NCE OF	CC Bre	e termin	CANCLUO AL DISEASE OR CON		10	WATE INTERVAL INSET AND DEATH	
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į		22b. SIGN TUBE	Le			DEGREE ATTEND PHYSIC		MEDICAL STAI		22c. DATES	SIGNED	
П		22d. PHYSICIAN S NAME (TYPE O	R PRINT)			22e. ADDRESS	1217	DIRECTOR CONTINUE				
		Enser W.						1 Street,	Annapo	olis, M	D	
		SURIAL, CREMATION, REMOVAL SPECIFY) Cremation				EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN	d	COUNTY	STATE	
		JNERAL DIRECTOR	4 Dec 19	704 F	ort L	incoln	25a. DATE F	Brentwoo		RAR'S SIGNATI	Maryland	
		James S. Kirkl	ey, Glen	Burnie,	MD		DEC	3 = 1982	2-6	AK S SIGNAT	nelf	

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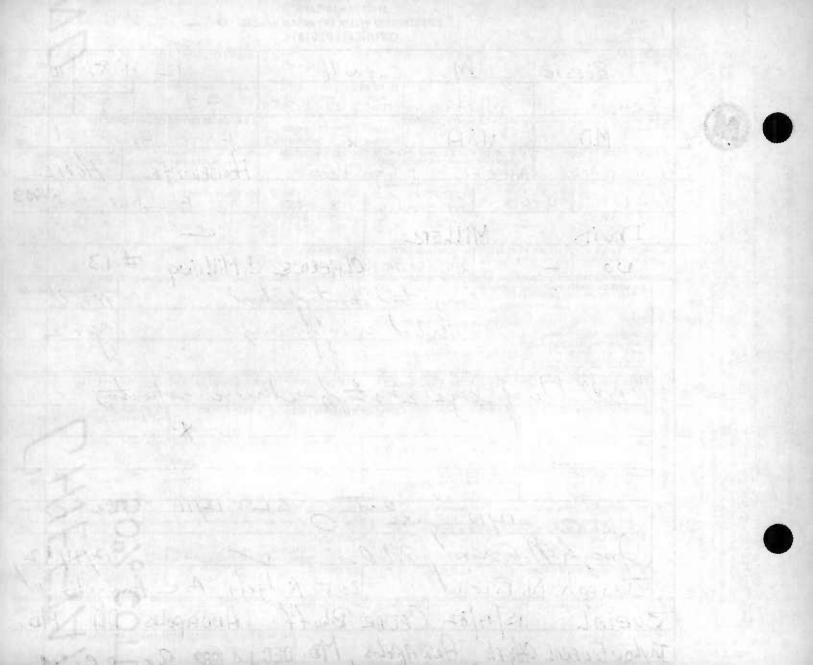
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ATTEN tal or a CTOR: or use a of Heal		270 I certify that (1) (this hospital) attended the declased fram					
T S E D T E		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22 //					
TO HOSPITAL Cretained by the hit TO FUNERAL District Should be detached with the State De IMPORTANT: If		Jon Lowe ml 11 West Street Annaolis mil					
Bb To show with	230 E	URIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CO	emetery or crematory	23d LOCATION City or town		
	24 FA	INERAL DIRECTOR		25e. DATE	REC'D. BY REGISTRAR	25K REGISTRAR'S SIGNATURE	

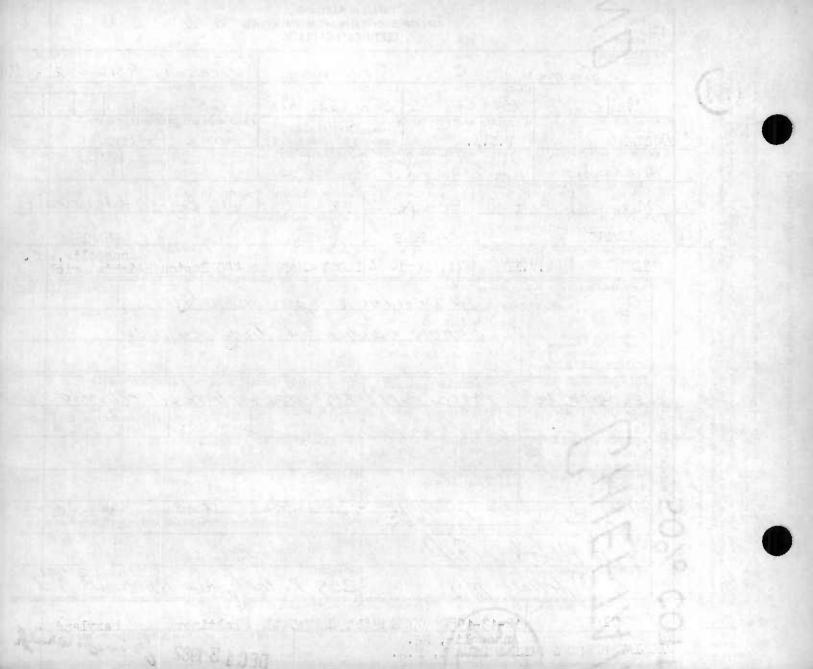
ROE! SEP/15 as (Temale (Drite 2 25 88 94 Mississippi USA > Anne Arundel Honopolis Honopolis Con Center Honomaker Hone MD I A.A. Horapolis & 243 Prince George II Harve Handy Emma Horizon String method (NO CIV) and edigment to the to sally a direct motion AV salvered retailed located not employed the self of located I The same of the

91	1.	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	GIENE O A	0	E.S.T
		CEASED NAME FIRST	WIDDLE	LAST			EAR 2b. HOUR
57	{ 1YP	E OR PRINT) ANTI-O	NY	CALOS	DECEMBER	14, 1982	6:04 A
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
1	3.0	Male	White	4 17 91	91	YRS.	
DI		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	TH .
8/1	10.0	Greece	U.S.A.	WIDOWED DIVORCED	A R. CA P. CO. A. C. C. C.	NDEL COUNT	3
54		GLEN BURNIE	NORTH ARUNDEL	HOSPITAL	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Restaurate)	OF WORKING LIFE) INDUS	IND OF BUSINESS OR STRY
336	√USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN A. A)	other institution give residence before NTY 13c. CITY OR TOW Pasadeni	N 113d, INSIDE CITY LIMITS?	130. STREET ADDRESS 235 Mallard	d Drive 2	1122
20 ZC	14. F	ATHER'S NAME Andrew	Calogerako	15. MOTHER'S MAIDEN NA S Antoinet	AME		LAST
medical	16a \	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV		URITY NO. 17 INFORMANT Gus Calos, 3		Drive	
t ·		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on	dic.			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
event,			TE CAUSE (0)	dur arres		Hamil 10	
		4100	DUE TO, OR AS CONSEQU	ENCE OF			
troumatic		Conditions, if ony, which	((b)	men adul	2200		
other		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, ORAS A GENSEOU	ence of Can	shi mo	ulasper	en
njury, or	N.	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(o
0	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES □ NO□	20b. IF YES, WERE F IN CERTIFYING CA YES	
7	CER	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUI			
7	1	OR CONTRIBUTING CAUSE OF DEA		AY YEAR			
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211. LOCATION	CITY OF TO	own coun	ITY STATE
	×	AT WORK AT WORK	TAT HOME, STREET, PACTORY, OFFICE,	FARM, ETC.)		diameter in	
			ital) attended the deceased from	, 19	, to	. 19	, that (I) (we) last
			t) view the body alter death.	, and that in (my) (our) opinion	death occurred on the d		
		226. SIGNATURE	1/ 1	DEGREE ATTENDING	MEDICAL _ STA		DATE SIGNED
		Heren	Truston	PHYSICIAN	DIRECTOR - PHYSIC		0/14/82
		22d. PHYSICIAN'S NAME (TYPE C	PRINT)	220 ADDRESS 784	5 OAKWOOD	ROAD, SUIT	E 107
			BITERO, M.D.	GLE	and the second second	ARYLAND 2	21061
1		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
-		(SPECIAL	12-17-82 G	reek Orthodox Cem.	Baltimore		nore Md
4/82	Ni	uneral director .chotas T. Matth	news, 3021 Easter Baltimore,	rn Avenue	JEREC'D. BEREGISTRAR	John	I Could
			Baltimore,	Ma.	151, 1 9 MOC	0	

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1		FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 2	30500
. 04		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	Control
dest be		Bessie	177	Carroll	12	11 02 10 am
	3.	Female	1. RACE White	S. DATE OF BIRTH MONTH MOY 27 1985	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
	35	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	P. BALTIMORE CITY OR CO	Avondel MD.
by the gentled	53	Annapolis	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	1 (120. UPUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	PRING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
24 hour filled in ould be gaunt be	35	SUAL RESIDENCE (IF NURSING HOME OF IS) TATE	OR OTHER INSTITUTION, GIVE RESIDENCE BY	OWN . 134. INSIDE CITY LIMITS?	13. STREET ADDRESS	cher Ave 3/403
complete	21	FATHER'S NAME PERST	MODIE MILLET	15. MOTHER'S MAIDEN N		LAST
be execut on and ca s. Pages 1	1 16	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	G-0108 CLACENCE	C. Milhiug	#13
201 W. PRESTON ST., BAL es that the death certificate hed by the attending physici please remove carbonopper urial, cremonan, or removal. , ar other troumatic event, th			unly ane cause per line far (a), (b) ED BY: ATE CAUSE (a) DUE TO, OR AS A CONSE	by inspice	ing	yena yena
	2		vol legs	TO DEATH BUT NOT RELATED TO THE TEN	200 AUTOPSY? / PZOL	N GIVEN PART 119
The I	hos	21a, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	In How have occu	YES NO	YES NO
OF VITA CIAN: Th Sphysicia prificate coll-transit antal Hygia	~ /	OR CONTRACTOR CALLER OF DE	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
PHYSI trending r this ca the burn and Mere		(IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDING haspital or of RECTOR: After lead for use as ept. of Health cem 21 is mark		22a.1 certify that (1) (this hasp	n 12/10 attended the deceased from 12/10 attended the deceased from 12/10 attended to the decease	63	n death accurred an the date a	nd hour and from the couses stated
OR DIRE		22b. SONATURE	M. Friend	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	12/11/ £ 2
TO HOSPITAL retained by the TO FUNERAL should be detinished the State with the State IMPORTANT:	1	TO S CON	ORPRINT)	220. ADDRESS 205 Red	tack Are	Ann milis us
or or show	2	O. BURIAL, CREMATION, REMOVA		23- NAME OF CEMETERY OR CREMATORY	236 AOCATION CITY OR TOWN	CONTO V AND
BP		SURIAL FUNERAL DIRECTOR	12/14/82	FDAR Shuff	ATE REC'D. BY REGISTR RIZED	REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/8		Taylor Fuescal	Mosel PADER	PAPALIS MD. NE		REGISTRAR S SIGNATURE





FOR

- STATE

(VR A 15 (4)) 9/74

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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morked or Item 18 shows ony injury, or other troumotic event, th

MPORTANT: If Item 21 is

FOR - STATE

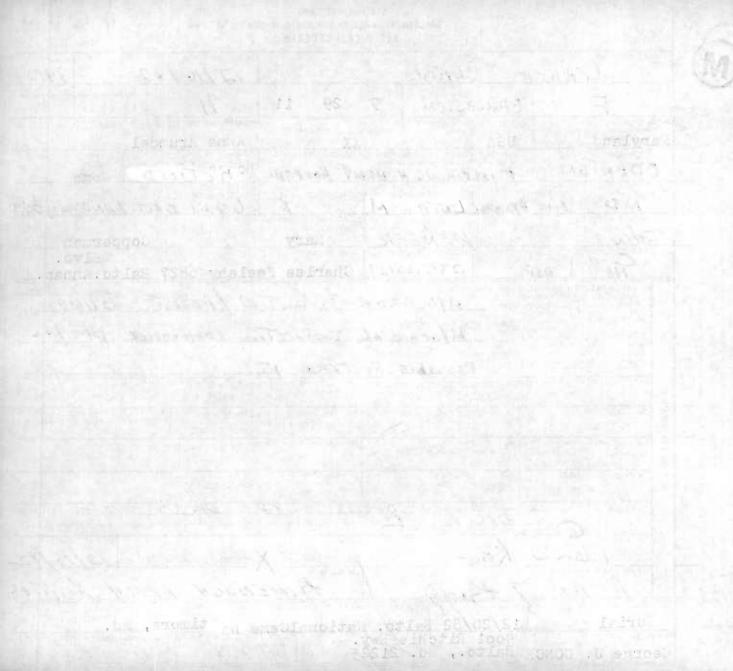
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			CERTII	ICAIL OI	LAIII	REG. N	10.		
		CEASED NAME FIRST		AIDDLE 4	ı	AST	14.18	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
	3. SEX	GRAC	F C	LARK	It DATE O	NE DIDTH		12/16	182	E IN OCCUPANT	14.12M
が		F	CAUC	ASION	5. DATE C		T1	6. AGE (IN YEARS LAST BI		ONTHS DAYS	HOURS MIN.
-		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		ryland	USA		WIDOWE	4 5-4 5	VORCED	Anne Ar			MD.
1	0	DENTONI		OSPITAL, NURSIN HEACILITY, GIVE STREET BROYG		HO HO	SPITAL	Housewif	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COURT ANNE	VTY	GIVE RESIDENCE BEFORE		13d INSIDE C	NO A	13e STREET ADDRESS	BALT.	ANNA	POLIS BLUE
9	-	THER'S NAME FIRST	WIDDLE	WENG	FB	3.0	S MAIDEN NAM	AE MIDDLE	Coz	operma	
	_	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA		ADDR	ESS	Bl v	
		NO DE	PWARORDATEST	213-28-	-6837	Char	les Fe	elehy 68	27 Bal	Lto.Ar	
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate cause Iol, stating the underlying couse lost	D BY: TE CAUSE (a) DUE TO, OF	MYOCA AS A CONSEQUE	HRDA ENCE OF	L IN	farcti farcti	in / ARRI	enent?	12/16	MATE INTERVAL DISET AND DEATH 182 3/82
			(6)	POSS LA		NOT RELATED		NAL DISEASE OR CON	IDITION GIVE	N IN PART 110	,
7000	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFO	RMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	AY YEAR	21c HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE OF WHILE OF AT WORK	21e. PLACE C			21f LOCATIO	DN	CITY OR TO	NWC	COUNTY	STATE
		22a.1 certify that (1) (this hospi sow the deceased live on above, (1) (we (did) (did no			DFC 82,00	d that in (my)	, 19 (our) opinion d	eath occurred on the d	ote and hour		that (1) (we) last causes stated
		226. SIGNATURE	1 Kon	U-			ATTENDING ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	16/82
		ALAN	T K	aNO		22e ADDRES	KIME	Brough	AZIU	4 4	657,Tel
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	E.	COUNTY	STATE
		Burial INERAL DIRECTOR	112/20	/82 Bal			nalCem	Baltim		Id.	UDE.
	~	orge J. GONC	# Halt	Ritchi Md.	e Hwy 2122	5	25a. DATE	REC D. BY REGISTRAN	ZSh REGISTR.	AK'Ş SIGNATU	JRE
				明60		-	7.00	A M O MOC	10 m	100	her 1 ft

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP



1212 West St., Anna., Md.

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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

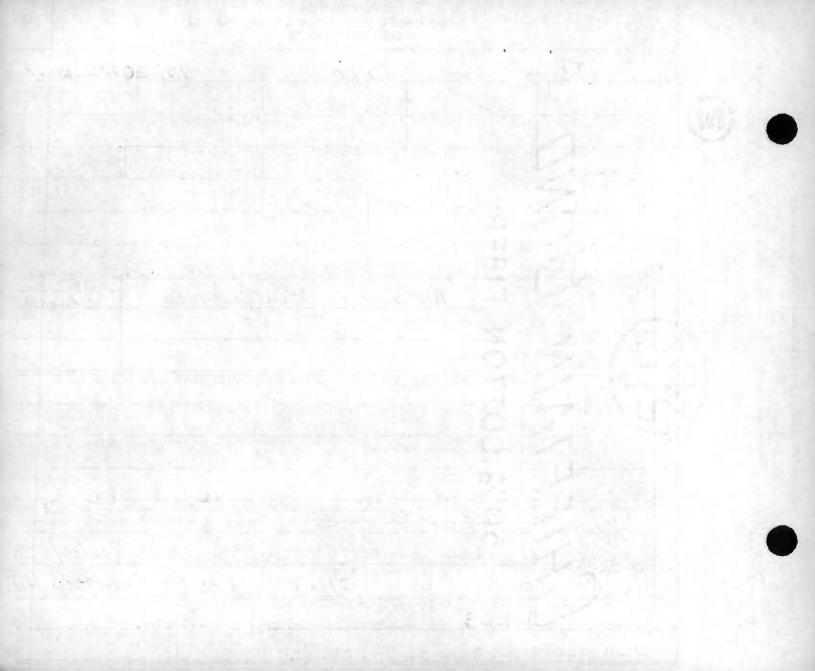
Leonard A. Clark, c. Lale Canoxiinn Dec. 23 1960 A Come anilocotto bards to deal to deal to tree to the tree of the street at Monard A. Pince 10 . 214-05-1136 | Lamand A. Chark de. Amarodia, Md.

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Rasto A Loss

1			STATE OF MARYLAND	0 0 0 0
5	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE &	0 5 0 5
		REGISTRAR	CERTIFICATE OF DEATH REG, NO.	
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
o o o o o	(ITP)	ORPRINT) LEONAR	D COATES 2 13	82 11:30 AM
pod er d	3. SE		4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF U	INDER I YEAR IF UNDER 24 HRS
96e 4		MALE	Blatck 61/07/92 90 YRS.	ITHS DAYS HOURS MIN.
a 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF	DEATH
0 0		Md.	U.S.A. WIDOWED DIVORCED Anne Arundel	MD.
1 77 1	J0. C	TY OR TOWN OF DEATH		12b. KIND OF BUSINESS OR INDUSTRY
s of	An	napolis	A.A. Gen. Hosp., Annapolis, Md. Farmer	II 4DOSTKI
212 hour		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	Box 364
ND 24	0.000		Arundel Friendshipes No k Md. Rt. 261/	30%)04
PYLA	_	THER'S NAME	15. MOTHER'S MAIDEN NAME	
ACOV Delega	To		MIDDLE LAST FIRST MIDDLE	LAST
E. M.		SEPh /AS DECEASED EVER IN U.S. AR		nith
es that the death certificate be executed within 24 hours ned by the attending physicion and completily filled in please remove corbanpopers. Pages 1 and 2 should be used, cremotion, ar removal.	- (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 218 16 2200 Monte Hot obott / DIOL Muddy	Creek Rd.
TIN be		no	210-10-3209 Mary Hatchett/West River	Md. 20778
BAI cote ope ovol. nt, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and (c), 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the the er tree		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	()
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res t pned purip		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
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ony ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, W	VERE FINDINGS USED NG CAUSES OF DEATH?
he lo	E		YES NO YES [NO [
VITA Nysicia Proprieta Proprieta Nysicia Nysic	E.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
N OF		OR CONTRIBUTING CAUSE OF DEA		
ON O HYSIC Iding Durio Durio or the	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY 211. LOCATION	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. Wher this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows ony injury	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
D O N O O O O O O O O O O O O O O O O O			tal) attended the deceased from, 19, to, 19.	, that (I) (we) lost
TEN TOR or ut		saw the deceased alive on	19 and that in (my) (our) opinion death accurred on the date and hour o	nd from the causes stated
R ATT hospii ned fo spt. of fem 2		obove, (1) (we) (did) (did no	DEGREE	224. DATE SIGNED
the part of the pa		Berry 8	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	12/13/80
by by by by Stot	1	224 PHYSICIAN'S NAME (THE		1110
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M Shound	02	THEK! K	1236 DATE 1236 NAME OF CEMETERY OR 8 2004 ODD X 1236 LOCATION	MORELUS IMI)
	230	Burial, CREMATION, REMOVAL	CITY OR TOWN	ounty Calvert/
* BP			12/17/82 Mt. Hope Meth. Church- Sunderlar	
DHMH - 16 50M 4/82	7	INERAL DIRECTOR	ADDRES DEO 0 4 4000	I Court
(VRA 15, 4)	μe	roy E. Berry	-Huntingtown, Md. 20639 DEC 21 1902 John	0

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1-	FOR STATE REGISTRAR					ERTIFICATE	407 5.00	REG. NO.	0 3 0	
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F	SIRTHPLACE (STATE OR OREIGN COUNTRY) MARY LAND		CITIZEN OF WH		I R	ED NEVER MARI	- 9 BALTIM	ORE CITY OR COL	JNTY OF DEATH	M M
	ITY OR TOWN OF DEA		NAME OF HOS	PITAL, NURSING HO	OME, OR OTH		12a. USUAL OCCUP FOR MOST OF WORK	ATION (TYPE OF WO	OR INDUSTI	N Be L
13a.		RSING HOME OR OTH 13b. COUNTY ANNE AR		134. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRES		210	
14.5	CHARLES	MID	DLE	GASTIC	ler_	15. MOTHER'S MAID FIRST EDITAL	EN NAME	DDLE	CORCOR	אמ
160.	WAS DECEASED EVER	IN U.S. ARMED I		166. SOCIAL SECL	IRITY NO.	SHARON	GASTIGER	ADDRESS 70		2D- 3164 E. MD
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MEDICAL	21d. INJURY OCCURE	RED WHILE	21e PLACE	OF INJURY (AT HOMOTORY, FARM, ETC.)		CATION TREET	CITY OR TOW	M	COUNTY	STATE
		land shares of a	the remains des	cribed above, held a	n Autop	sy . Inspection	on , Inquiry	and in my	apinion	
	death resulted from			Accident ,	Suicide	Homicide	Undetermined ma	nner .	IE .	-82
2	death resulted from							nner .	TE /2 - 2 -	-82
	death resulted from ACTUAL SKGNATURE EXAMINER'S NAME	Notural you	Back Are	Accident ,	SuicideM	Homicide TITLE (SPECIFY) D DODGE TO THE CREMATORY CEWE TE RO	Undetermined man	INER SK	IE .	ATE MT

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	1	BIRTHPLACE (STATE OF COUNTRY)	yland	USA		MARRIED NE	VER MARRIED DIVORCED		Arunde			MD.
OTHER PAGE 5	1D. C	Glen Bur		(IF NOT IN SUCH FAI	PITAL, NURSING HOME, CHITY, GIVE STREET ADDRESS) rundel Hosp.	OR OTHER INSTITU	ITION 120		UPATION (TYPE		OR INDUST	
ANY DE AND 3 T RETAIN BECORD B	13p			R OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE ADMISSION 130, CITY OR TOWN Hanover	13d. INSIDE (NO 🔀	e. STREET ADDI		lley (21070 incle	5
EATH ESTA	1	Ronald	1.	WIDDLE	Compton	11	ER'S MAIDEN N		WIDDIE	<u></u>	aline	
BALTIMORE IN URS AFTER DEATH WITH FOWN WITH FOWN DIVISION DEVIL	16a.	WAS DECEASED EV	ER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY	NO. 17. INFOR	MANT		ADDRESS		2.000	
JRS AFI JRS AFI B. GIVE WITH F DIVISIO	3	es	Koi	rea	213-32-642 far (o), (b), and (c).)	7 He	len Da	sh S	ame as	#13	APPROXIMAT	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD."PENDING" IN PEROLI, IN TEM 18, REDED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURRAL-TRANSIT PREMIT. RE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI PRIOR TO BURRAL, CREMATION, OR REMOVAL.	NO	gove rise to cause (a) stote lying couse (c) PART 2 OTHER SIGNIFIE	if any, which to immediate ting the <u>under-</u> ost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMIN		IN GIVEN IN PART 1	(e).				
HOULD END PEN	Z Z	19a. DATE OF OP	ERATION	196. CONDIT	TION FOR WHICH OPERA	TION WAS PERFOR	RMED?		15.0		20 AUTOPSY	
DIVISION OF VITAL I THIS CERTIFICATE SHOUL WARDED TO THE CHIEF PACE 3 SHOULD BE USED TATE DEPARTMENT OF H 21201 PRIOR TO BURAL.	MEDICAL CERTIFICATION	21a EXTERNAL C. UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK	OR CAUSE OF D	DEATH P.M.	MONTH DAY YEAR	216. HOW INJURY 216. LOCATION STREET	OCCURRED (ENTER NATURE OF I		COUNT		NO
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWA ATTER DEATH, WITH THE STAT BALLIMORE, MARYLAND, 212	2		oat I took charg rom: Natur	al couses X,	cribed obove, held an Accident , Suici	TITLE (S	specify) istant	Inquiry Undetermined in _MEDICAL EXA	nonner ,		12-27-	·82
DE A SE	23a.	BURIAL CREMATION (SPECIFY) Burio		3b. DATE 12/30/198	2 Md. Vet.	emetery	ORY 1	23d. LOCATION CUY OR TOWN		A. A.	(0.,	MZ.
DHMH - 17		MO ULLU F		Homes 22	alto. Md.,	21 225	250. DATE REC		AR 25b. (EBIS	TRAR'S SIG	Coh	ef.

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M		FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND LEALTH AND MENTAL LICATE OF DEATH	HYGIENE &	2 REG. NO.	3 0	5 0	9
oy be death death		1. DECEASED NAM! (TYPE OR PRINT)	1111.	am	R.	Cul	hane		OF DEATH MON	29-8	1.01/	4 M
		3. SEX		1. RACE	ن	5. DATE C		7 B. AGE (II	45			AIN.
	3	Federals			WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIM	ORE CITY OR CO			MD
to other to the full and the will be	3	A MINADI	olis.	AMM	CH FACILITY, GIVE STREET	ADDRESS)	rother institution ieneral Hos	(TYPE OF W	LOCCUPATION ORK FOR MOST OF WOR Ological	RKING LIFE) INDUS	ND OF BUSINESS STRY Ospitals	
n 24 hou filled in hould be	35	Marylan	131 COL	DROTHER INSTITUTION JULY PEN Anne	13c. CITY OR TOW Stevens	'N	13d. INSIDE CITY LIMITS	106	Tower Dr	rive		
completely 1 1 and 2 si	70	14 FATHER'S NAME	Benjami	n Culha	LAST ne		Carrie 1		Bartel]		LAST	
MORE, oe execut n and co . Pages 1	2	YES NO OR UNKNO	WNI LIE YES G	RMED FORCES? SIVE WAR OR DATES! 55-1960	166. SOCIAL SECU 214-34-5	722	Johnnelle (Culhane,		Md. 216		vi
DS, 201 W. PRESTON S quires that the death ce- signed by the attending hen please remove corbo to buriol, cremation, or re- jury, or ather traumotic re-		gave rise cause (a), underlying	if ony, which to immediate stating the couse lost.	(b) DUE TO, C	OR AS A CONSEQUE	ENCE OF	pancrest NOT RELATED TO THE T		SE OR CONDITIO		7 mos-	
law req	9	OF 190. DATE OF 1	OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY? 20b	LIF YES, WERE FI	INDINGS USED USES OF DEATH?	
DIVISION OF VITAL NG PHYSICIAN: The otherding physicion offer this certificate by the ond Mental Hygien onked or frem 18 show	9	OR CONTRIBUTI	WAS UNDERLYING IFY MEDICAL EXAMIN CCURRED NOT WHILE	EATH HOUR A	OF INJURY M. MONTH D. M. OF INJURY OF INJURY OFFICE, FACTORY, OFFICE, F	19	216 HOW INJURY OCC	CURRED (ENTER	CITY OR TOWN	TEM 18. PART) OR PAR COUNT		į
R ATTENDI hospitol or RECTOR: A ned for use spt. of Heal		1	that (I) (this hos deceased alive a (we) (did) (did r	pital) ottended the	he deceased from 19 y after death.		, 19 and that in (my) (aur) opin	to, to	red on the date a		that (I) (we) n the couses stated DAJE SIGNED	
HOSPITAL FUNERAL FUNERAL FUNERAL FUNERAL FORTANT: P		22d. PHYSICIA	Chul d IN'S NAME (TYPE	ORPRINT)	1140/2		ATTENDIN PHYSICIAI 220 ADDRESS	MEDICA DIRECTO	L STAFF R PHYSICIAN	<u> </u>	129/92_	-
Day 5 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			urial				emetery or cremato	C.				nd
DHMH - 16 50M 4/82 (VRA 15, 4)	2	FRAMPTO	TOR HA	WKINS	- Agroress	FEDER	RALS/BURG	PATE REC'D BY	1983 PARRY	REGISTRAR'S SIC	Shill Shill	

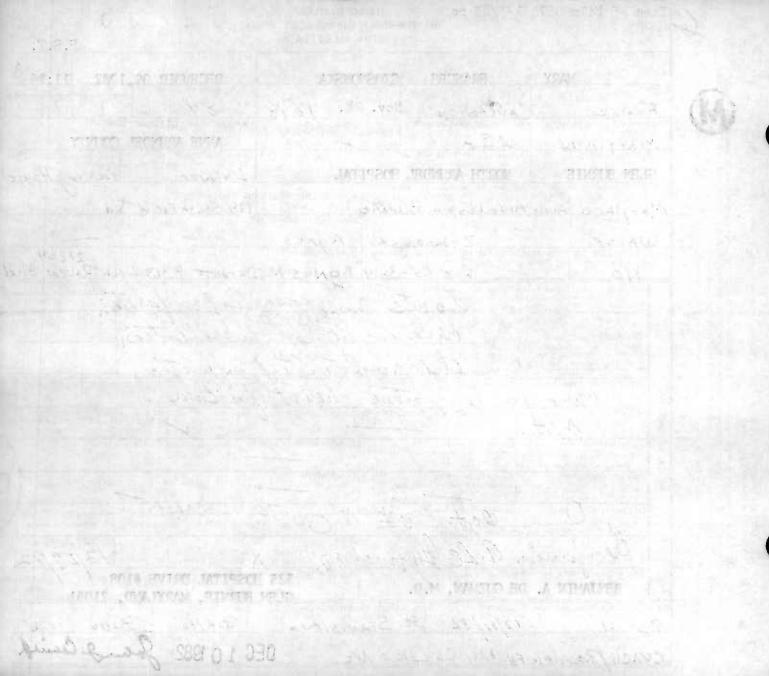
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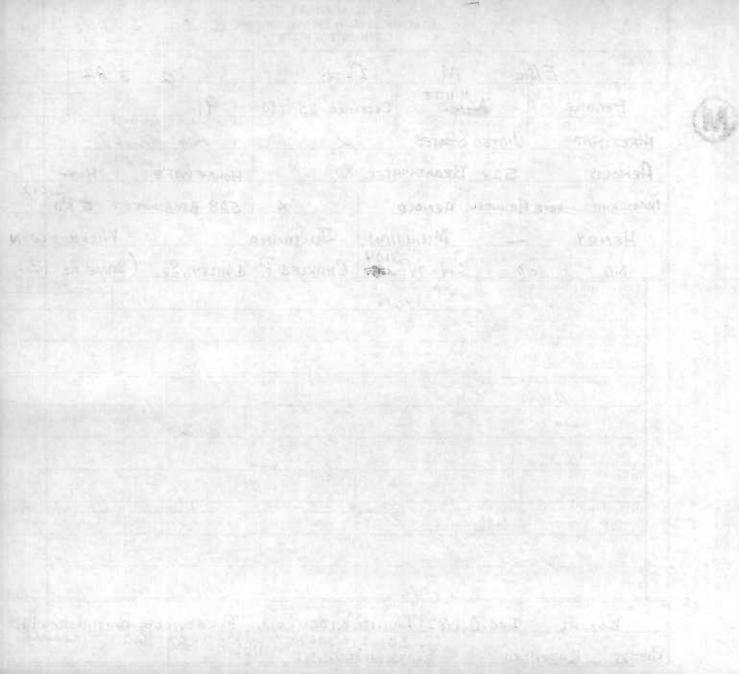
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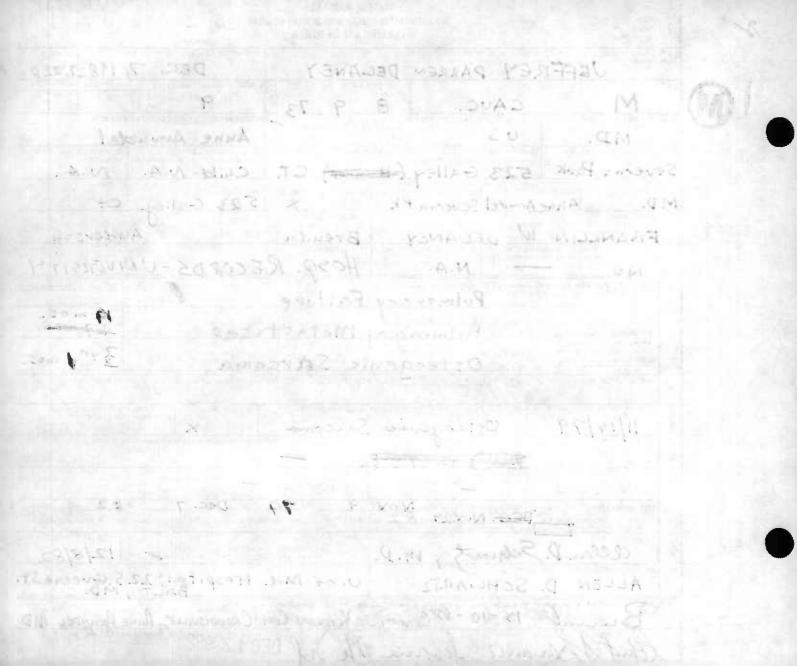
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	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		30313
1 51	1. DEC	CEASED NAME FIRST OR PRINT) E ISI	e M.	DAILEY	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 2 3 82
	3. SE)	FEMALE	WHITE WHITE	DECEMBER 25,	YEAR 90 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN
33 34	V CC	MARYLAND	UNITED STATES	MARRIED NEVER MARRI	ED Anna	Arvace / MI
1 1 00	F	PROLD	S28 BROADW	ATER RD.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSE WIT	OF WORKING LIFE) INDUSTRY
24 Page 182	Mi		THER INSTITUTION, GIVE RESIDENCE BEFORE 134 CITY OR TOW RUNDEL ARNOLL	YES NO	\$ 528 BROI	ADWATER PRD.
omplete omplete		HENRY .	MUHL MUHL	HAN JULIA	NNA	WICKHERLEIN
be execu an and co s. Pages e medical			WED FORCES? 166 SOCIAL SECTION OF DATES) 214-74-	3184 CHARLES	3 P. DAILEY, 8	R. (SAME AS 13)
certificate b ng physicial banpapers, remavol.		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), or O BY E CAUSE (o)	roke		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death of the attending the corresponding to the corresponding of the corresponding to the		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEOU			
equires the signed Then plect to burial injury, or	NO	MI I	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1/0
The law rician. The has bee sail permit. Greene prior	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
PHYSICIAN: T ending physici this certificate burial-transitid Mental Hyga dor Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
DING PHYS or ottendin After this e as the bu olith and Mi marked or I	MEDICAL	21d, INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 216. LOCATION STREET	CITY OR TO	WN COUNTY STATE
ATTENDIP Ispital or CTOR: Ai Afor use of Healt		sow the deceased alive an above, (1) (we) (did) (did not	ol) ottended the deceased from		opinion death occurred on the d	19 £ 2 , that (I) (we) los late and hour and from the couses stated
by the hoby the hobby t		22b SIGNATURE	Proclimo	DEGREE ATTEN PHYSI	DING MEDICAL STA	IFF 12/4/f2
TO HOSPITAL retained by the TO FUNERAL Should be detined the Store with the Store IMPORTANT:		22d, PHYSICIAN'S NAME (TITLE OF	iny C. Frade	SISU	Balt Nar!	Pika Ellicort Cing
BP	(BURIAL BURIAL	236. DATE 236. DEC. 6, 1982 J	NAME OF CEMETERY OR CREM	ZEM. PIRESVI	
DHMH - 16 60M 1/75 (VR A 15 (4))	0	INERAL DIRECTOR NAME BERT S. BARRAI		501 RITCHIEllY	DEC 8 1982	230. VEGIS RAR'S SMINATUREMENT





A	1.	FOR STATE REGISTRAR			NT OF HEA	OF MARYLAND LITH AND MENTAL HY ATE OF DEATH	GIENE 8 2	3 0	5 1 5
1 71		CEASED NAME FIRST Howa	ad R.	7)	Lashm		Dec. 31.	MONTH DAY YE	Zb HOUR
M	3. SE		4. RACE White		DATE OF		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
THE BOOK	14	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	DESCRIPTION OF	MARRIED VIDOWED	NEVER MARRIED D	9. BALTIMORE CITY O	R COUNTY OF DEA	TH MD.
A de	91	ty or town of DEATH Len Burnie	North	Arundel	Hospi	other institution	12d. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF	WORKING LIFE INDU	IND OF BUSINESS OR STRY
tilled in could be	USU.	AL RESIDENCE (IF NURSING HOME COU	NOTHER INSTITUTION, GIVE	RESIDENCE BEFORE AD.		Id. INSIDE CITY LIMITS?	130. STREET ADDRESS	St. Balto	.Md.21230
ompletely and 2 th		THER'S NAME FIRST GEORGE	Howard DeL	ashmutt		Hallie	WIDDIE	Ваит	gardner*
be exected to the second of th		VAS DECEASED EVER IN U.S. A res, no pr unknown)		7-01-802		Mr. William	J.Metzgen, 31	5 15th.A	ve. Br. Park PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ADS, ZUI W. PRESTON ST., BARLequires that the death certificate is signed by the attending physici. Then please remove carbon paper to burial, cremation, or remaval. Injury, ar other traumatic event, the	NO	PART 1. DEATH WAS CAUS 1292 IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE Arterios A CONSEQUENCE	ce of clerc		ascular dise		RT 1 (o
N: The law re sysician. Cate has been cannot be priorit. Hygiene priorit. 8 shows any it.	CERTIFICATION	19q. DATE OF OPERATION		FOR WHICH OF		WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	NO [
3 PHYSICIAN; The threading physicic pre this certificate the buriel-transit and Mental Hygis and Mental Hygi	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETIMER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE	HOUR A.M. P.M. 210 PLACE OF IN	MONTH DAY	YEAR 19	PIC. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		
OR ATTENDING the hospital as of DIRECTOR: After tocked for use as a Dept. of Health if item 21 is mark		22a. I certify that (I) (this hosp saw the decosed alive a above, (I) (we) (did) (did n 22b. SIGNATURE			, ond	GREE ATTENDING	to December death occurred on the do	ite and hour and from	, 1101 (11 (110)1031
TO HOSPITAL retained by th TO FUNERAL should be dere with the State IMPORTANT:	230	224. PHYSICIAN'S JAME (TYPE CONSOLADOR BURIAL PREMATION, REMOVA	C, Palad,			220 ADDRESS	arles St., I	Baltimore,	
408P-		SPECIFY Burial	Jan. 4, 198	33 "Gl		ven Mem.Park			
DHMH - 16 50M 4/B2 (VRA 15, 4)		ully Funeral	Home, 130 E.	Fort Av	e.Bal		AN 41983	John 2	Carried

	Seator miles		eluke .					
	District August							
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7515. 1. May . 1. 2127	3	5144						
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August 1984	ALTINE	*						
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		MET. SE GRADIE	Instance of Margaret					

Q'	,		FOR			DEPAR		E OF MARYLAND EALTH AND MENTAL	HYGIENE	8 2	3 0	5 1 6
W		1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
1/			EASED NAME	FIRST	,	MIDDLE		D'and	20. D/	ATE OF DEATH MON		EAR 2b. HOUR
/	oy be death			HARE		E.		DICE.		13		12:47 PM
	ge 4 mo	3. SEX	male	4.	RACE	WITE	5. DATE C		03	T P	YRS.	DAYS HOURS MIN.
	a de la companya de l		RTHPLACE STATE OR FO	DREIGN 76		WHAT COUNTR	Y? 8. MARRIE	NEVER MARRIED	BAI	TIMORE CITY OR CO	DUNTY OF DEAT	LH /
	· ·	R	eading Pa			USA	WIDOWE	D DIVORCED	1 Lu		Nizel la	autix MD.
	the fu	POCI	TY OR TOWN OF DEA	TH 11		HOSPITAL, NURS		OR OTHER INSTITUTION	120. U	SUAL OCCUPATION OF WORK FOR MOST _E OF WO		IND OF BUSINESS OR
201	S 9 € €	M	Mapohs	U	un 4	RUNDEL	Celus?	ul Hospita	1 CE	HROENTE	5 30	Palalir
21:	hour de hour	13a. S	TATE	NG HOME OR OT 13b. COUNTY	HER INSTITUTION, Y	13c. CITY OR TO	ORE ADMISSION)	134. INSIDE CITY LIMIT		TREET ADDRESS	E 230	
ANG	ithin 24 h	М		Α.	A. Co.		Called &	YES NO		1552 Oak Dr	Edgew	ater, Md.
IRYL	3 0 - 0 -		THER'S NAME	MIE	DDIE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST
X	o o o		ENRY	NINE ABOU	D CODCEC	DICE 1166. SOCIAL SE		ELIZABE	TH > 13	ADDRESS	30	IMAN
BALTIMORE	n and co		AS DECEASED EVER	(IF YES, GIVE V	VAR OR DATES)				n.		D	and the world
TI.	D 0 % 0 V	n		no		578-05		Catherin	e Dice	3552 Oak		
BAI	g physici onpoper emoval.		18. CAUSE OF DEATH PART I. DEATH W	AS CAUSED	one cause per BY:	line for (a), (b),	UAC	unnspm	SILMAN	m to CE	S PET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ST.	00000	1.5	41111	IMMEDIATE	CAUSE (a)	Cour	anc	Corri Copecii.	3600100	0 10 0	1	
PRESTON ST	atendin nave corb atian, or rroumotic		1170		DUE TO, O	R AS A CONSEC	DUENTE OF	in Much	vanion	DI MICC	ciater	1
RES	e de ott move		Conditions, if ony, gove rise to imm	rediote	(b)	1	000000	000	- () - () -	COCOST	CAN TO V	
3	by the base re I, crem		cause (a), statin underlying cause		DUE TO, O	R ASIA CONSEC	VUENCE OF	Atherosel	DUTTE	c hear d	isepro.	
201	ed ed		PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO			NOT RELATED TO THE				ART Ira
RECORDS,	equires n signe Then p r to bui	NO	VAlvula	1 hea	nt dus	UALO	Condi	uction D	12018	El ., cur	diome	enales
O	bee mit.	CERTIFICATION	190. DATE OF OPERAT	ION	196. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200		LIF YES, WERE F	INDINGS USED
AL R	hos me me ws	TIE			ALC: Y				YE		YES 🗌	№ □
DIVISION OF VITAL	SICIAN: The mag physicion certificate lurial-transit tental Hygie ltem 18 sha	S. S.	21a. ACCIDENT WAS UND		21b. TIME C		DAY YEAR	21c. HOW INJURY O	CCURRED (E	NTER NATURE OF INJURY IN	ITEM 18 PART I OR PA	(RT 2)
104	is certifical burief from Mental Hyarist Item 18	MEDICAL	LIF EITHER, NOTIFY MEDIC	AL EXAMINER)	Р.	.M.	19					
NOIS	o See See	VED I	21d. INJURY OCCURE		21e. PLACE (AT HOME, ST	OF INJURY	CE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUN	TTY STATE
N	DING Place of After the cost the although morked	~	AT WORK NOT WH	ak —					7/	12/1	4 0	
	Z = 2 5 + .5		22a I certify that	his haspita	I) attended th	deceased from	~ ~	, 19	/ Company		19 0	, that (1) (we) last
	ATTE bspitc ECTO d for t. of 1 m 21		saw the decease above,((1))we)	(did nat)	view the body	after death.	, 0	nd that in (my) (aur) ap	oinian death (occurred on the dote of		
	OR he		226 SIGNATURE	· P	V		. 0	DEGREE ATTENDI	ING MEI	DICAL STAFF	226.	DATE SIGNED
	RAL dete		/ word	2		nau	W)	PHYSICI 22e. ADDRESS	AN DIRE	CTOR PHYSICIAN		21.100
	HOSPITAL sined by th FUNERAL sold be deta the Stote		224 HYSICIAN SA	LME HYPE OF		2200	4	203 S	Pida.	Or ANY	Armi	Amalia not
	TO HOSE TO FUN should b		90190	- (MARI	00	1001	- Cuch	2007 1001	Manh	Allens In
		73a. 1	SURIAL CREMATION,	REMOVAL	73b DATE			EMETERY OR CREMAT	W	CITED TOWN	COUNTY	MAIN
	BP	24.5	Burial DIRECTOR		12 17	/82	Gate	of Haven		ASHINGTON D. BY REGISSIRARITS	CISTRAR'S SI	DAIDE
	DHMH - 16 50M 4/B2		HAME			ADDRES			MEC	1 6 1982	Jo and	to come to
	(VRA 15, 4)	1	lardesty Fu	neral	Home	2 Klage	LY Ave	. Ann. Mdl	000			

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BP.

DHMH - 16 25M (VR A 15 (4)) 9/74

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

8	2	3	0	ŝ	1	1
	REG. NO.					

	1-	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGII IFICATE OF DEATH	ENE O A	. J	3 1 /
		CEASED NAME PRINT) ERN	A E DI	CKENS	/	MONTH DAY YEAR 2-6-82	26. HOUR 25:45AM
	3. SEX	F		7-31-VEAR 3	6. AGE (IN YEARS LAST BIRTH	YRS.	
9	7e. BIF	RTHPLACE (STATE OR FOREIGN DUNTRY)		RIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	COUNTY OF DEATH	N. MD.
3	A)	WAPOUS	11. NAME OF HOSPITAL, NURSING HOM	FOR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. KIND FWORKING LIFE) INDUSTR	OF BUSINESS OR
35	13e. S	TATE MD 136. COU	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TO THE TOWN SEVERNA	INSIDE CITY LIMITS?	130. STREET ADDRESS	TNWOO	D Xr.
20	14. FA	PAUL	ER LANDSE	4	KOL INM		45
1	16a, V (Y	VAS DECEASED EVER IN U.S. ARI (ES, NO OP IN NOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECURITY NO 2424078	17. INFORMANT	SMITH.	- ABE	VE
		PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b), and (c),) D BY: E CAUSE (a)	- luter core	reng	BETWE	en onset and peath
Ħ		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	ening of cecu	m		8 mulls.
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	Y			
	NOI	PART 2. OTHER SIGNIFICANT C	CONDITIONS <u>CONTRIBUTING TO DEATH</u> B	UT NOT RELATED TO THE TERMI	NAL DISEASE OR CON		
9	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT		20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	SES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE PARTY OF THE P		ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART	2)
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	2 I F. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
h		sow the deceased alive on	onembed the deceosed from	ond hot in (my) (and opinion d	eoth occurred on the bi		
,		226. SIGNATURE Gen	nd Blevel Mn.	DEGREE ATTENDING (PHYSICIAN (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (ATTENDING (MEDICAL STAI	FF _ In	SOP2
1		22d. PHYSICIAN'S NAME (TYPEO	c btvac1t	220 ADDRESS	I ESW ILY	m sove	and BARK
	23a. E	BURIAL, CREMATION, REMOVAL SPECIAL REMATION	236 DATE 12/7/82 236. NAMED	FCEMETERY OR CREMATORY	23d. LOCATION CITYOTOWN	HEW BA	LTG MD
/74	24 FI	HALL San	ranco Severn	e A horizon	10 1982	A CECETALS OF	ALGE TO

EXAM & DICKELS PARADOMS AA GEN HOSP HOSELDTE HOME No BLA SEVENBER SET X STANDERS DAY PAUL FERLANDEN WICKELIND 116 - BARYETES AREE SANTH - BENNET CREATED THE TOTAL RESTORE EN LESSANER BRIDER BETTER BIL that of stranger water the all

100		1		STATE OF MARYLAND	
17		1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2	0 5 8
10			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	H DAY YEAR 26. HOUR
			PE OR PRINT)	OF ECTI.	ZB. HOUR
	2822		CARL	DIJULIO DEATH MATED 12	10 1952 PM
	2020	3. SE.		DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY LAST BIRTHDAY LAST BIRTHDAY AND HOUSE REPORT OF THE PROPERTY OF THE PROPE	DAY YEAR 26. HOUR
	11年14年15月		11	MONTHS DAYS HOURS MIN. PRONOUNCED	10 E P
	37970	70 B		3 - 7 2 7 33 183.	10 1857 M
	日本名をおって	FC	DREIGN COUNTRY)	6. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	NIT OF DEATH
	S S S S S S S S S S S S S S S S S S S	IV	MRYLAND	U.S.A. WIDOWED DIVORCED ANNE ABOUT	role! MD.
	SHII C			1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK	126. KIND OF BUSINESS
	PAGE FEE	0	1 12	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	PRINDUSTRY A EMPLOYED
	- 1 B S -	1	AL PERIDENCE IN THE PROPERTY OF THE PROPERTY O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	AEMPLOYED
=	IF ANY DEL	13a S	STATE 113b. COUNTY	13c CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS	21012
21201	PAND AND SECOND AND AND AND AND AND AND AND AND AND A	M	ARYLAND HANGHO	PUNDEL ARNOLD YES NO X 1212 BALFOUR	P De
	H. IF	14. F	ATHER'S NAME	IS. MOTHER'S MAIDEN NAME	
WD.	PM 3.		FIRST MIC	MIDDLE LAST FIRST MIDDLE	LAST
	R DEAT AGES 1 AND OF		CHARLES -	- DIJULIO HANNA -	VINCI
Q	FORM FORM SS I AN	160.	WAS DECEASED EVER IN U.S. ARMED ES, NO, OR UNKNOWN) (IF YES, GIVE WAR		
BALTIMORE,	OURS AFTER 8. GIVE PA WITH FOR UTH FOR DIVISION (No	MANE F. DIJULIO (SAN	NE AS/ 13)
BA	PA TIN				LAPPENMATE INTERVAL
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DS,	O S B G O		PART 2 OTHER SIGNIFICANT CONDITIONS CONTE	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ŏ	AS A ALTH	Z			
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- F	THE OF TH	1 8	21a. EXTERNAL CAUSE WAS	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	ART 2)
z	SE S		UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY YEAR	
S	SHC SHC OR	18	21d. INJURY OCCURRED	ATH P.M. 19 21e. PLACE OF INJURY (AT HOME. 21), LOCATION	
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			220. I certify that I taak charge of	of the remains described above, held an Autopsy 🔲, Inspection 🗖, Inquiry 🗖, and in my o	pinion
	MAINE TIFICA BE F ECTOI TH THI		death resulted fram: Notaral co	causes, Accident, Suicide, Hamicide, Undetermined manner,	
	EXAMINE CERTIFICA ULD BE FO DIRECTOS WITH THE		61)	TITLE (SPECIFY)	
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	TO MEDICAL EXECUTE THE CASE A SHOUT TO FUNERAL LA STER DEATH, BALTIMORE, MY		(TYPE OR PRINT)	ADDRESS PRINCE IN	
	BATTE	23a. B	URIAL, CREMATION, REMOVAL 23b. D	LITY OR TOWN CO	UNTY STATE
	BP	1	BURIAL DE		TIMERE MD.
	DHMH - 17	24. F	UNERAL DIRECTOR	126 DATE DECID BY DECISTRAD 176 PECISTRAD'S	OIGNATURE .
	(VR A15 ME (5))	10	NAME & B	ADDRESS SCI KITCHIE HWY. DEP 4 G 1987 29-Cur	is council
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		FOR - STATE REGISTRAR	DEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2 3 REG. NO.	0519
poge 3		CEASED NAME FIRST EDITH	Louise EFF	ERSON	December 22,	1982 315PA
s offer p	3 SE	Female	Black S DATE	OF BIRTH 20 1918	6. AGE (IN YEARS LAST BIRTHDAY) 64 YRS.	FUNDER LYEAR OF UNDER 24 HRS
M	S	umpter S.C.	LS. A. WIDOW	ED NEVER MARRIED DIVORCED	Anne Arundel	
+ Pe 1 1 2 1 2 1	-	Meade, Md.	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH BACKITY, GIVE STREET, DDRESS)	to Hatal	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Military	12b. KIND OF BUSINESS OR INDUSTRY Army
filled in ould be in	13a :	AL RESIDENCE (IF NURSING HOME OR C	Ther institution give residence before admission	134 INSIDE CITY LIMITS?	130 SIREET ADDRESS 1326 Huntower	Asses.
ond 2 sh		THER'S NAME	Efferson	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
Poges I	160 \	VAS DECEASED EVER IN U.S. ARN (ES NO OR UNKNOWN) (IF YES GIVE		17 INFORMANT	Uderpten, M	d 21113 n Anne Av.
n signed by the ottending phy Then please remove corbon of t to buriol, cremotron, or remo injury, or other troumotic even	NOI	PART I. DEATH WAS CAUSED IMMEDIATE IMMEDIATE Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO		uctile Pulma	havy Disease, MINAL DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH MINUTES YEAVS ZEN IN PART 110
te hos beenst permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
the buriol-tronsit ond Mentol Hygier and Mentol Hygier and or Item 18 sho	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY H HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]	216. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18. P	COUNTY STATE
ECTOR. After use os of the Heolth m 21 is mort		22a. Leertify that (this hospite sow the dece of alive on _ above	111050 1 3		to 22 DEC deoth occurred on the date and hou	
ERAL DIR		274 PHYSICIAN'S NAME ITHIN OF	Yvan garter	ATTENDINO PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 220 BC/987
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	230	SPECIFY)		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	74 FI	Burial JNERAL DIRECTOR	12/29/82 Md Ve	eterand Cemete		Md.
6 50M 1/81 A 15, 4)		NAME	ome 12 Ridgely Ave.	111	C 30 1982	Q. CALLE

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE CAMER CO. L. P. LEWIS CO. P. S. LEWIS CO. P. S. LEWIS CO. P. L. LEWIS CO. .z. 5, 200 Y SKINS . S Company and the Manual William Company of the Compa Aller Marie Town KEMIN JUNE the Mac Vis Secure De Carried CBCL DEALTH COVER STREET, DRIVE THE THE CONTROL OF THE CONTROL OF

STATE OF MARYLAND

CERTIFICATE OF DEATH

		REGISTRAR				4611111	147.12 01	PENTIL	REG. N	0.		
		CEASED NAME	FIRST		MIDDLE	l.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR D
			MARY	EST	ELLE	ETZ	ZLER		DECEMBER !	5198	32	10.27 M
	3 SEX	X		4 RACE	L. WHEN	5 DATE C			6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Whit		Nov	29,	1936	46	YRS.	MONTHS! DAYS	HOURS MIN.
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5		Maryland		U.S.	Α.	WIDOWE		DIVORCED	ANNE ARUI	VDEL C	COUNTY	MD
2		TY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER IN	ISTITUTION	120. USUAL OCCUPATI		12b. KIND O	F BUSINESS OR
4		LEN BURNI			"ARUNDEL		TAL		Secret	ary		Co.
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	_	THER'S NAME				11120		R'S MAIDEN NAM		iiiaiic	ICI DI.	TAG
0		Charles		WIDDLE	Cipar		R	oselie	WIDDLE		Str	icker
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	()	NO OR UNKNOWN)	NA	E WAR OR DATES)	213.32.	0812	Robe		Etzler		13	
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		PART 2 OTHER SIG	NIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATI	ED TO THE TERM	INAL DISEASE OR CONE	DITION GIVE	EN IN PART 110	
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duy	CAI	190 DATE OF OPERA	MOIT	196. CONDI	TION FOR WHICH	OPERATION	WAS PERF	ORMED	20a AUTOPSY?		, WERE FINDIN	
4	ERTIFICAT						k		YES NO	YES		NO [
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7	CAL	(IF EITHER NOTIFY MED				19						
	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY EET, FACTORY, OFFICE, FA		21f LOCAT		CITY OR TO	w/N	COUNTY	STATE
	Σ	WHILE NOT W	ORK DRK	(AT HOME, SIK	EET, PACTORY, OFFICE, FA	ARM, ETC.)	3146		CIT ON IO		COUNT	STATE
		22a.1 certify that (1) (this hospi			Via		19 82			19 82 1	hat (I) (we) last
		sow the decease above, (I) (we)	sed olive on did) (did no) view the body	ofter death.	82 on	d that in (m	y) (our) opinion o	leath occurred on the do	ste and hour	and from the c	ouses stated
2		22b. SIGNATURE	0		. 1		EGREE				22c. DATE S	SIGNED
			[]	· M.	M		1).	ATTENDING PHYSICIANS	MEDICAL STAF	FIAN		
		226. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e. ADDRI		J DILLETON LI THISIC	123.4	2	1205
\mathbf{H}		DR. THO	DMAS T	RAILL			JOHN	HOPKINS	HOSPITAL,	BALTI	MORE, MA	RYLAND

BP.

TO FUNERAL DIRECTOR: After etained by the hospital

MPORTANT: If Hem 21 is morked or Hem 18 shaws ony injury, ar other troumotic event, the medical

should be detached for use as the burial-transit permit. Then please remove carbon pope with the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 1/81 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL 23b. DATE Buria1 Dec 10,82 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN

Glen

MD

Haven Mem Pk Glen Burring 1250. DATE REC'D. BY REGISTRAR'S Home, Glen Burnie, MD Singleton Funeral

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:	HOURS AFEM 18. GIVE NO WITH I ERMIT. PAGENE, DIVISION AL.		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y ane couse per line for (o), (b), on	d (c).)	1		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
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-110-	THIS WARE PAGE STATE		AT WORK AT WORK	bligh way		Lo	ut 17	
	第208mm	-	22a I certify that I toak charge	of the remains described above, I		Inspection .	Inquiry .	ond in my opinian
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	ORE STAN	-	SIGNATURE A	The state of the s	M.D. 20C	MEDI	CALEXAMINER	SIGNED_12/33/8
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICE PAGE 4 SHOULD BE R TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAN		EXAMINER'S NAME (TYPE OR PRINT)	LINHARYT	ADDRESS.	anne	Spoli,	Zul_
		230.8	PECIFY)	2/20/62 23c. NAM	e of CEMETERY OR CREMA	TORY 230 LO	ATION	STATE
	BP	24. FI	WEIGL /	1-8/0- Hill	LO-REST	25a. DATE REC'D. BY	REGISTRAR 186, RES	GISTRAR'S SIGNATURE
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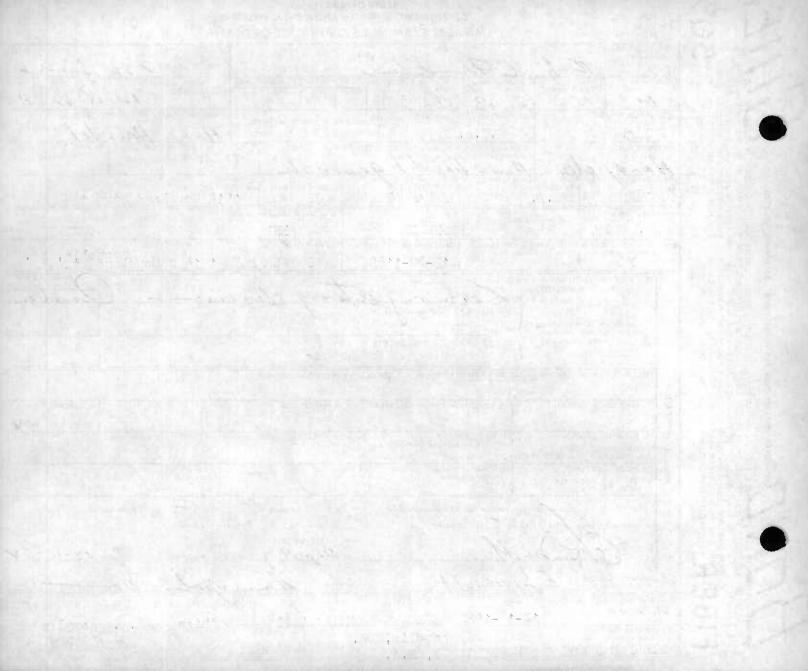
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	ECEASED NAME			WIDGLE		LAST	20	OF EST	- X	MONTH	CAY YEAR	2b, HOUR
3. SE	ale	Jame RACE White	5. DATE OF BIRTH MONTH DAY Aug. 28,	1049 LAST BIRTHDA	ARS IF UN AY) MONTH	ISHER IDER 1 YR. IF UNDER 45 DAYS HOURS		DEATH MATE	ED L	12 MONTH 12	28 19 82 DAY YEAR 28 19 82	2d. HOUR 11:55
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	WAS DECEASED YES NO, OR UNKNOW YES		RMED FORCES?	275 38 440		Jane S. F	isher	4601 AH Colle			Md. 2	0740
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BRITHDAYS PRONOUNCED DEAD 13 YRS. 9. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? MARRIED TYNEVER MARRIED FOREIGN COUNTRY U.S.A. MARYLAND DIVORCED WIDOWED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 3e STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND ANNAPOLIS Copeland Street A.A. NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 MIDDLE LAST MIDDLE LAST AND FRANKLIN DAESY FOUNTAIN 16h, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION WITH FO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES Copeland Str 3-22-1189 ROSIE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: CIMMEDIATE CAUSE DUE TO, OR AS A CONSEQUE REMOVAL Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC, AS A I CERTIFICATION USED OF HE 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? BURIAL YES NO Z RWARDED TO THE C PAGE 3 SHOULD BE STATE DEPARTMENT (21201) PRIOR TO BURIA BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 THE PLACE OF INJURY (AT HOME 21f. LOCATION 214. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE STREET CITY OR TOWN COUNTY WHILE AT WORK 21201 TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTH NOWE MARYLAND, 21 22a I certify that I took of the remains described above, held on and in my opinion Autopsy Inspection Undetermined manner death resulted Homicide TITLE (SPECIF ACTUAL SIGNED /> -/5 -SIGNAL EXAMINER'S NAME TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b. 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY BURIAL ADAMS CHURCH CRICETERY 25b. REGISTRAR'S SIGI 24. FUNERAL DIRECTOR **DHMH-17** ADDRESS Annapolis. Md. (VR A15 ME (5)) WILLIAM REE SONS MORTHARY 15M 7/76

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Elizabeth ESTI-Ti. Frankton DEATH MATED SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 1894 28 DEAD 1882 YRS 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRYS MARRIED NEVER MARRIED Md. U.S.A. WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, MURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
housewife 21122 3. RETAIN PA ASACK NA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM Pasadena Md. 13a. STATE 13b. COUNTY Pasadena 13d. INSIDE CITY LIMITS? 8582 Md Creek Rd. 21122 WITH FORM PM 3. RE T. PAGES I AND 2 SHO DIVISION OF VITAL RE 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Mary E. John G. Harbaugh 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Pasadena Md.21122 5642 Richard Frankton 8582 Crock Rd. no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR APPGES 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO F 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2TE. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK TO AT WORK CITY OR TOWN 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry ond in my opinion death resulted from Accident Homicide Undetermined monner TITLE (SPECIFY 12.18.82 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Md. burial Uniontown St. Pauls LutheranCh Carroll BP 24 FUNERAL DIRECTOR Baltimore Md. **DHMH-17** Geo.J.Gonce Ritchie Hwy. 21225 4001 (VR A15 ME (5) 15M 2/80

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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR EST REG. NO 20. DATE OF DEATH MONTH YEAR 2b. HOUR **DECEMBER 20, 1982** 7:42 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Beauty Beautician Shop 21061-13e. STREET ADDRESS 147 Northdale Road MIDDLE Conway ADDRESS Glen Burnie Mr. Bernard F. Freburger MD APPROXIMATE INTERVAL CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 WE IF YES, WERE FINDINGS USED 70s AUTOPSY CERTIFYING CAUSES OF DEATH? NO NO I THE HOW INJURY OCCURRED CENTER NATURE OF HUMBY IN FIRM IS PART I OR PART 21 COUNTY CITY OF TOWN STATE and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED 7845 Oakwood Road Glen Burnie, Maryland 21061 23d LOCATION COUNTY STATE Baltimore 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 DEC 2 1 1982 Singleton Funeral Home, Glen Burn

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(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT: If Item 21 is marked

24 FUNERAL DIRECTOR Singleton Funer Home, Glen Burnie, MD

236 DATE

Dec.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

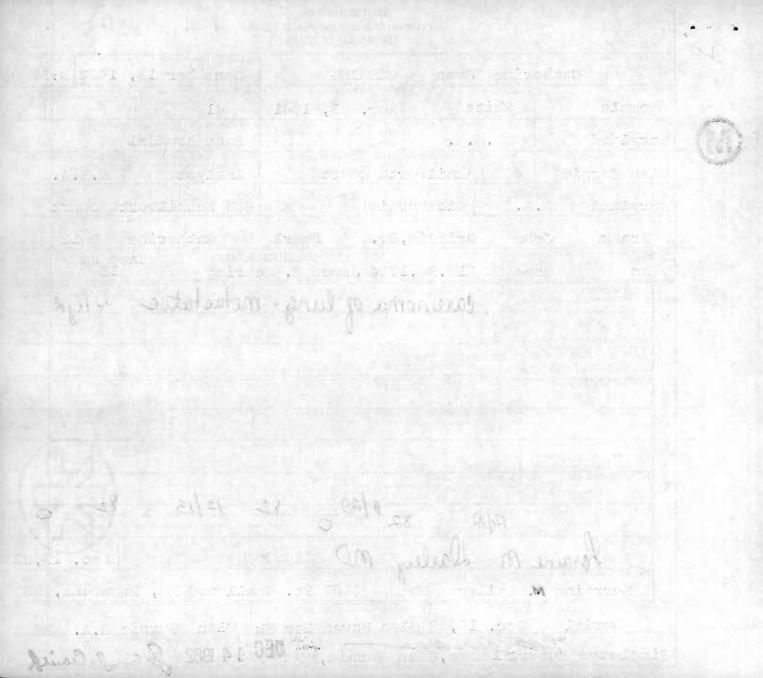
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23d LOCATION
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Glen Burnie, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Raymond C. Fink

(VRA 15, 4)

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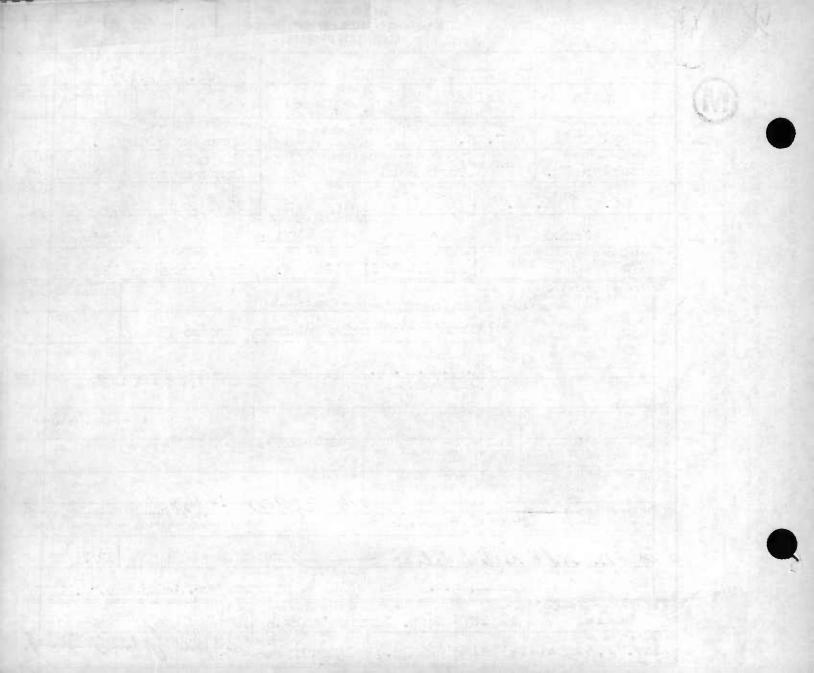
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/81 (VRA 15, 4)

Geo. J.Gonce, 4001 Ritchies Hg., Baltimore

odbridge, New Jersey



IMPORTANT: If Hem 21 is morked or Item 18 shaws any injury, or other traumatic event, the medical ex

	-1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	3	O _{E.S.}	T. 2
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	3. SE	emale	4 RACE Wh:	ite	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BE			HOURS MIN.
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DHMH - 16 50M 4/B2 (VRA 15, 4)

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ALT	S AFTI GIVE ITH FO PAGE IVISIO		ES, NO, OR UNKNOWN)	(" TES, ONE VI	AR ORDAILS)	218-80-267	79	Charles G	. Grace Jr.	(same as	13e)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL WARDED TO THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN FAGE 3 SHOULD BE USED SA BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE PAGE 3 SHOULD BE USED SA BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	190. DATE OF OPER	immediate g the <u>under-</u> : NT CONDITIONS (I	DUE TO OF OF OTHER PROPERTY OF THE PROPERTY OF	R AS A CONSEQUENCE OF REPORT OF THE TERMINATION FOR WHICH OPER.	OF INAL DISEASE		IT 1 or		20. AUTOPS' YES	NO 8
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DIVIS	VER: THIS CERT CATE, WRITING FORWARDED OR: PAGE 3 SI OR: PAGE 3 SI NH STATE DEP	MEDICAL	WHILE OCCUP AT WORK AT V	WHILE D	21e PLACE STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	211 LOC	ATION	CITY OR TOWN	COU	THITY	STATE
•	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, PECIFY) UTIAL	Rudiuro E.L.	INHAR	scribed abave, held an Accident , Sui	AETERY OR	Homicide Title (SPECIFY) D. Asper Y D. Doress Asper Y CREMATORY STORY CREMATORY	MEDICAL EXAMINER Wafo/S- L 23d LOCATION CITYORTOWN Annapolis,	DATE SIGNED	undel.	STATE MAL
	DHMH-17 (VR A15 ME (5)) 15M 2/80	-	NAME Sall Funer	al Hom	ne, 1212	West St., A	nna.,	non-	6 - 982	REGISTRAR'S S	ENTABLE	4/6

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7601 Sandy Spring Rd. Laure1 Md. 2070

Fleck Funeral Home

DHMH-16 50M 1/81 (VRA 15, 4)

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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12b. KIND OF BUSINESS OR

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STATE

N.A.S.A.

Shoemaker

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COUNTY

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	STATE	OF MARYLA
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Leonard J. Ruck, Inc. 5305 Harford Road

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR			DEPAR		IEALTH AND MENTAL HYG	IENE 8 2	3	0 5	5 5
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5	13a S MC	AL RESIDENCE (IF NURS STATE 7	13b COUNT	TY	130 CITY OR TO Brook	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5509 Patr	ick He	nru Dr	
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2	Ge	eorge			reene		Emma FIRST	MIDDLE		Yeatman	
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	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	
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		INERAL DIRECTOR					25a DATE	REC'D. BY REGISTRAR		AR'S SIGNATUR	RE .

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shay

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P	1	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 0 5 3 6 CERTIFICATE OF DEATH
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moy be page 3	3. SE	Dais	MATIC GOSS 12-30-82 62 MM A RACE 5. DATE OF BIRTH 1899 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 FUNDER 24 HIRS MONTH DAY YEAR HOURS MIN.
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In W. PRESTON ST., BAL that the death certificate by the ottending physici cose remove carbonopper of, cremation, ar removal.		Conditions, if any, which gove rise to immediate couse to immediate couse lost.	DE TO, OR AS A CONSEQUENCE OF
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DHMH - 16 50M 4/82	24. F	INERAL DIRECTOR	230. DATE REC'D BY REGISTRAR'S IGNATURE 929 FOREST DAVIS AND AREA TO 1983

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	JAMES		WEL	LS	ELIZABETH			JOHNS	ON
160.	WAS DECEASED EVER	IN U.S. ARMED FO		SECURITY NO.	17 INFORMANT	ADDRE			
N	10		220-2	4-4328	THEODORE GROS	S 704 Wells	s St. A	Annapol	lis, Md.
	18. CAUSE OF DEAT	H (Enter only one co	ouse per line for 10), (b	and (c).)		0	9	BETWEEN	MATE INTERVAL
	PART I. DEATH W	IMMEDIATE CAUS		Me tay	static Breas	t (acc	inoma	1	4001
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	saw the decease	did) did not view t	he body after death.	1982.0	nd that in (my) (our) opinion o	feath accurred on the de	ote and hour	and fram the	couses stated
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1	22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)	COCC.		22e ADDRESS		0.1-3.] - [
	F.W	COLE	111		121 CATHED	RAL ST A	NNAI	POLIS.	rd.
	BURIAL, CREMATION,		PATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
RI	JRTAL	1 12	2-27-1982	Md Vo	terans Cemeter	CITY OR TOWN	77.	COUNTY	STATE

DHMH - 16 50M 4/82

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

(VRA 15, 4)

24 FUNERAL DIRECTOR
WILLIAM REE

Annapolis, & SONS MORTUARY

Ind address

98 R 236, REGISTRAR'S SIGNATUR

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1 21 3	10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		b. KIND OF NO	ER C
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours cottending physician ond completely filled in both the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled in the ond Mental Hygiene prior to burial, cremoton, or removal. Or shows ony injury, or other traumatic event, the medical commer must be an even or the medical commer must be a considered or them.	/USU.	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136, COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		111	W
ND 24 h		ARYLAND ANNE A			YES NO K	3 LIND	A LANE	211	46
within within d 2 sh		THER'S NAME	WALL BEACH	ijee	15. MOTHER'S MAIDEN NA		LAIVE		T W
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S. S	16e V	VAS DECEASED EVER IN U.S. ARMEL	FORCES? 166 SOCIAL SECU		HMELIA 17. INFORMANT	ADDR	ESS		
MORE e execu n ond c		YES, NO OR UNKNOWN) (IF YES, GIVE WA		KIII I I VO.	- 0 1		1	ne no	
ALTIN te be dess. P		YES WW.				ACKMANN	(SAME		OUE)
BAI cate open oval.		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED B		d (c)	In Hicornel		-	APPROXIMATE I	AND DEATH
physe emove		1276 IMMEDIATE C		10 /	trees!				
or reading	14	7-212	DUE TO, OR AS A CONSEQUE	NCE OF					
RESTON death control of the control	-	Conditions, if ony, which	(b)						
PR he come		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCEOE			17437		
W. P hot th by th ose re crem other	-	underlying couse lost	(c)	INCE OF					
201 es the		PART 2. OTHER SIGNIFICANT CON		DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN	J PART 1(n	
sign sign hen ta bu	Z								
been mit. T prior in ony in	CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, WE	RE FINDINGS L	ISED
L RE love love been permented by so	E S					VEC 0 1100	IN CERTIFYING	CAUSES OF D	EATH?
TALR ician.	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURE	YES NO	YES T		
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PHYS ending this of the burned Me dor the	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	wn (COUNTY	STATE
DIVIS NDING P of or ofter R: After th use as the dealth and is marked	-	AT WORK NOT WHILE							
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Porto for of for	-	saw the deceased alive on above, (1) (we) (did) (and nat) w	ew the Eody after deaths	, or	nd that in (my) (our) opinion o	death occurred on the d	ote and hour and	from the couse	s stoted
or ATTE he hospith DIRECTO rached far b Dept. of if Item 21	1.0	22b. SIGNATURE	11/1/	7	DEGREE COVE	Zeay play 1	CIAm	22c. DATE SIGN	ED
ITAL OR A by the hos and the hos detached total DREC here.		1011	111111		ATTENDING PHYSICIAN	MEDICAL STA	FF		
O HOSPITAL efoined by the TO FUNERAL should be det with the Store MAPORTANT:		22d. PHYSICIANS NAME THE CARE	All,		22e ADDRESS	J DINECTOR TIMOR	120,4		
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		and the same of th	1 100h B		EMETERY OR CREMATORY	23d. LOCATION	nco	N YTAU	STATE
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DHMH - 16 50M 4/B2	0	UNERAL DIRECTOR	ADDRESS	501 F	LITERIE HWY	E REC'D. BY REGISTRAR	b. REGISTRAR	SSIGNATURE	4
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AND THE RESERVE OF THE PARTY OF March M. S Lines Line 2046 Distribute Appet Bounds Scotten Res The first that the stand training the Bart Stand Stand Stand

(VRA 15, 4)

the property of the party of th \$ 6.40 -2 - No. 1981 - 1932

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2g. DATE OF DEATH MONTH (TYPE OR PRINT) Hamm WILLIAM KOBERT 12-12-82 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS MONTH DAY MALE 22- 95 20 2-TO BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED A.A. C WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RETIRED. INDUSTRY MERIBIA NURSING HOME COAL MINGE GIVE RESIDENCE BEFORE ADMISSIONS JOUAL RESIDENCE (IF NURSI 130. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Me AVE . HANDVER MY HANDYER. NO TO 15 MOTHER'S MAIDEN NAME ANN 21076 CLOMAN FAMM 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LYES, NO OR UNKNOWN [IF YES GIVE WAR OR DATES] 233.10 -3568 EINKNIWH APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: CARDIAC STANDSTILL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF A.S.C.V.D Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 1571715. BEGENERATIVE RECURRENT DEMENTIA 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY OFFICE FARM ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, 121 sow the deceased alive on obove, (I) (we) (did) (did not view the body afterdeath, and that in (my) (exc) opinion death accurred on the date and hour and from the causes stated

DEGREE

22e ADDRESS The AVE: BALTIMORE MOLLIZZY

STAFF

23b. DATE

230 NAME OF CEMETERY OR CREMATORY

MEDICAL

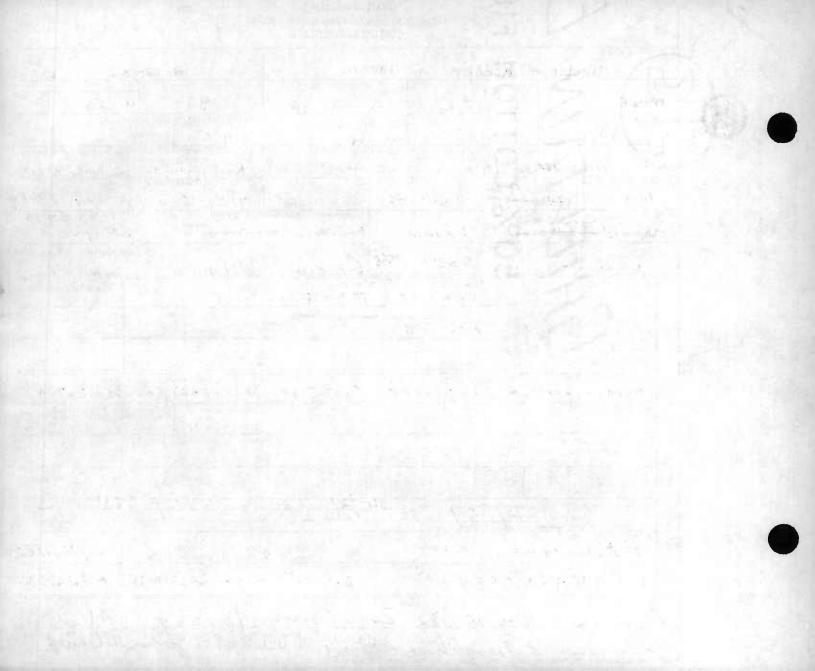
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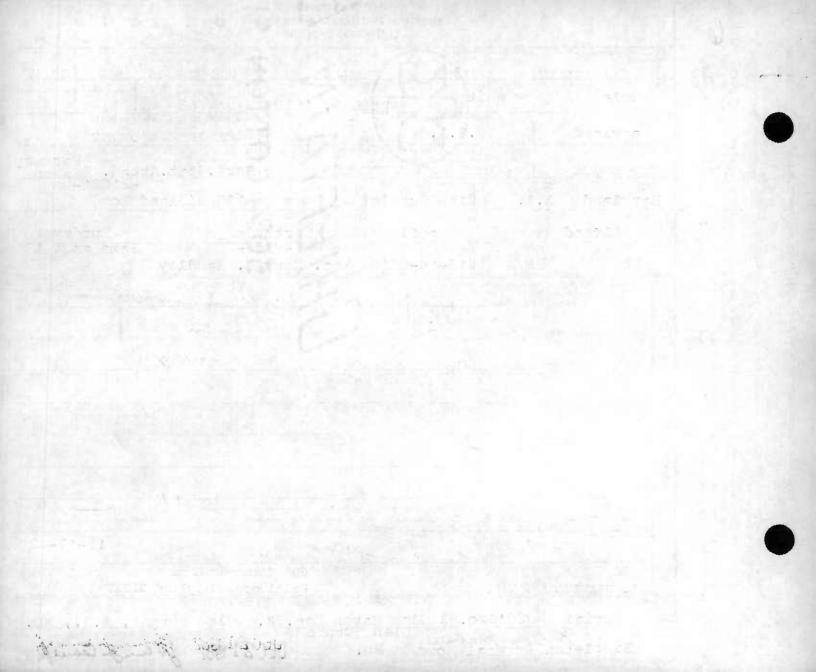
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22c DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

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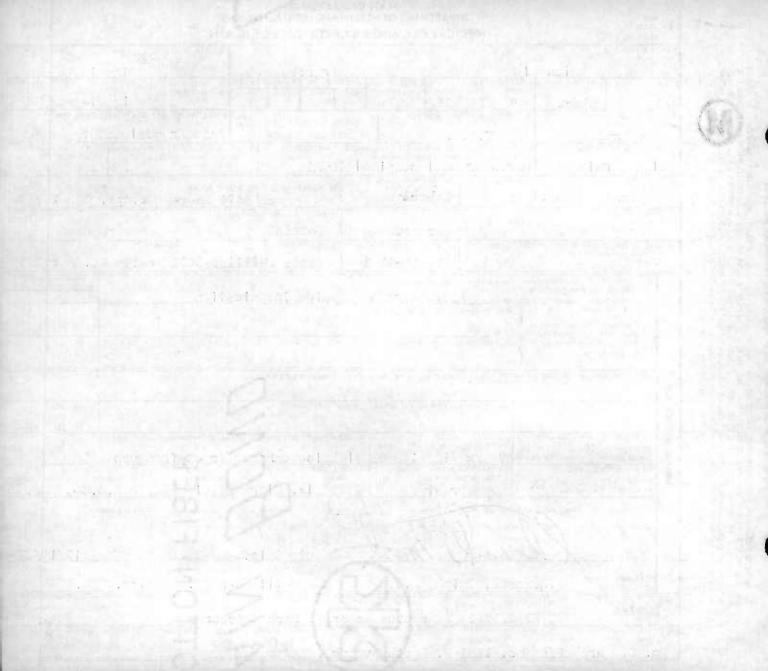




DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN AMONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Michael Hargrove 4 19 82 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 26 HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 8:39A 29 55 14 19 82 9 27 YRS Black male TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX Anne Arundel County, U.S.A. Maryland WIDOWED [DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Glen Burnie North Arundel Hospital (DOA) SUAL RESIDENCE HE IN NURSING HOME OR OTHER a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 3471 Andrew Ct.Apt. 202 20707 NO DO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Leroy Hargrove Nettie Epperson 166. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS AL-TRANSIT PERMIT, PAGES MENTAL HYGIENE, DIVISION N, OR REMOVAL. Yes 212-60-5103 Nettie Phillips 3471 Andrew Ct. Apt. 202 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute carbon monoxide intoxication IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF.

TO FURRAL DIRECTOR, PAGE 3 SHOULD BE USED

AFTER DEATH. WITH THE STATE DEPARTMENT OF HE
BALTIMORE, MARYICAND, \$1201 PRIOR TO BURIAL, YES & NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 1419 82 Inhaled exhaust fumes from van 21e PLACE OF INJURY 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 7800 Blk. Clark Station Rd. street A.A.Co 22g | certify that I took charge Undetermined monner death resulted from: TITLE (SPECIFY) ACTUAL Deputy ChiefMEDICAL EXAMINER 12/15/82 EXAMINER'S NAME EXECU-PAGE 10 Thomas D. Smith, M.D. Penn St. Balto., MD. (TYPE OR PRINT) ADDRESS 230. BURIAL CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE 12/18 /82 Arbutus Memorial Park Arbutus Md. BP. 24 FUNERAL DIRECTOR 251-REGISTRAR'S SIGNATURE VR A15 ME (5)) Wm. C.M arch F/H Inc. 1101 E. North Avenue 20M 4/82



		REGISTRAR			CERTIFIC	AIL OI D		R	EG. NO.		
74	I. DE	CEASED NAME FIRST BES		IDDLE	HAS	TINGS		DECMER	ER 13,19	DAY YEAR	26. HOUR 4:30.
	3 SE	×	4. RACE		5. DATE OF	BIRTH	YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
MI.	70. BI	RTHPLACE (STATE OR FOREIGN	7h CITIZEN OF V	WHAT COUNTRY?	08	27	1898	9 BALTIMORE O	84 YRS.	YOFDEATH	
35	(MARYLAND		5.A.	MARRIED	NEVER M	ARRIED O			COLINITY	MD.
of with the fact of the fact o		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN FACILITY, GIVE STREET	G HOME OR	OTHER INSTI		12a USUAL OCC	UPATION MOST OF WORKING	12b. KIND	OF BUSINESS OR
ould be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION, C		ADMISSION)	3d. INSIDE CIT	TY LIMITS?	13e. STREET ADD		ENUE, 2	1061
and 2 sha	14. F.A	THER'S NAME FIRST JOHN	WIDDLE	KOEHLE		F	MAIDEN NAMERST	ΛE	DOLE	LA	chos
Pages 1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		7. INFORMAN	VT		ADDRESS		1207
rs. Po		NO 18. CAUSE OF DEATH (Enter 1)		215-10-2		WARREN	J. HA	STINGS,	JR. 6803		OR MILL RI
i by the attending pease remove corban, al, cremation, or rem		Conditions, if ony, which gove rise to immediate cause (0), stating the underlying couse lost.	(b)	AS A CONSEQUE	un c	live	-i	1 fees	des		
Then ple r ta buria injury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO E	DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OF	CONDITIONG	VEN IN PART 1	la'
ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATION	WAS PERFOR	RMED	20a. AUTOPSY	IN CERT	ES, WERE FIND	
rial-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJ	IURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
h ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	F INJURY ET, FACTORY, OFFICE, F.		III. LOCATIO	N	сп	YOR TOWN	COUNTY	STATE
for use of Healt		220.1 certify that (I) (this has deceased alive deceased alive above 11 and alive (alide)	11/26	19	, and	that in (my) (our) opinion o	, toleath occurred an	the date and ha	ur and from the	, that (f) (we) lost e couses stated
detached detached rate Dept.		TOWNER /	m B	Rame	u pl		TTENDING CHYSICIAN	MEDICAL DIRECTOR F	STAFF PHYSICIAN []	221 DATE	13/h
should be del with the State		JORGE RAMI	REZ.M.D.			7845	OAKWOO	D ROAD	GLEN B	JRNIE.M	21061 ARYLAND
should b		SURIAL CREMATION, REMOVA	L 23b. DATE	23t. N	AME OF CE	AETERY OR C	REMATORY	23d. LOCATIO CITY OR TO		COUNTY	STATE
	24 FI	BUR TAL JNERAL DIRECTOR	12-1	6-82		ON PARI		BALTT	MORE CIT		ARYLAND
- 16 50M 4/B2 RA 15, 4)		JBBARD FUNERAL	HOME TH	ADDRESS		1229	RE	C 1519	82 /0	and	taking
	TIL	TENTINO LONDINAL	HOME, IN	410/	WILKEN	J AVE.					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

36-014 Billie Burner Mc Dr. Carles and San Statement With Min. year Move of Burneys, Col., old Coleman Mrs.

/	1	-				STAT	E OF MA	ARYLAND	D			-2 0	20	.1	4.3
1/	11-	FOR STATE				MENT OF H				1	4	3 U	2	63	de
X		REGISTRAR	FIRST	mei Tarold	MIDDLE	EXAMINI		77. 5			REG. N	Ю.			
		CEASED NAME PE OR PRINT)		1 1	WIDDLE			1	Lu	2a. DAT	ESTI-	НТИОМ	DAY	- 1	b. HOUR
1 1 2 2 2 3 E			HAR				He	_			H MATED	× /2	4 19	82	PM
CLESARY PERFORM THE CORP YOU'N PRESTON STRING	3. SE	X 14.	RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR LAST BIRTHDAY			FUNDER 24	IN. PRONO	UNCED	MONTH	DAY	YEAR	HOUR
TON	1			1/ 26	14	68 YRS	5.			DE		12	7 15	2 2	M
ELAY IS NECESSA TO THE FUNERAL PAGE 5 FOR W. EFILED, WITHIN S., 201 W. PRESTO	/0. E	IRTHPLACE (STATE	OK	76. CITIZEN OF WI	IAI COUN	IRY?		_	ER MARRIED		IMORE CITY		11		
五百00×		NIO ITY OR TOWN OF	DEATH	U.S.A	DITAL MUSE	SING HOUS	WIDOWE		DIVORCED		ue Al		2b. KIND	-	MD.
2 2 2 E E E E E E E E E E E E E E E E E				(IF NOT IN SUCH FAI	CILITY, GIVE ST	REET ADDRESS)		CINSTITUTE		FOR MOST OF W	ORKING LIFE)		OR IN	DUSTRY	
RDS,		Len Bur		N. Aru	indel					Copper	smith	1	Box	c Co	•
D. 21201 IF ANY DELAY IS NE. 2, AND 310 THE FUN. 3. RETAIN PAGE 5 FLED. WALRED	13e. S	TATE	13b. COUNTY	Y	13c CITY	OR TOWN	li:	Bd. INSIDE CITY		e. STREET ADD	RESS	D 1	100	400	
D. 21 3. Al 3. RI SHC	M		A.A.		MIL	lersv		YES 🗌	NOX		Severi	n Ka.	(2)	108)
T., BALTIMORE, MD. 21201 UNS AFTER DEATH. IF ANY ENEY PAGES 1, 2, AND WITH FORM PM 3. RETA MIT. PAGES 1 AND 2 SHOULI S. DINISION OF WITH RECO	14. F	Daniel		MIDDLE		i d	11	FIRS	'S MAIDEN I	NAME	MIDDLE		Klir	1	
OR SES		WAS DECEASED E	VED IN LLC A DAM	ED FORCES		AL SECURITY	NO I	Clai			ADDRES		VIII	аке	
TIM TIER	1 0	res, no, or unknown	(IF YES, GIVE W.	AR OR DATES)						/			. 1		
RS A BRS A WITH WITH DIVIS	-	Yes	WWII			-16-8	744	011.	ie He	10 (8	same a	as 13	7		
ON ST., 24 HOUR ITEM 1B. CONG W PERMIT. SIENE, D		PART I DEAT	H WAS CAUSED	one couse per line BY:	far (a), (b),	and (c).)		-	21			/	nerv/E	N ONSET A	ND DEATH
IN 24 HOV IN ITEM IN SA I CONG ASA I PERMI HYGIENE, MOVAL.		402	MMEDIATE	CAUSE (a)	There	SEQUENCE O	_	0				-	1-4	ull	4
W. PRESTON WITHIN 24 FENCIL IN ITE MINER ALON IRANSIT PEI		Canditians.	if any, which	DOE TO M	M CON	SECUENCEO	-								
WINE FRANK TAL	-	gave rise	to immediate	(b)	15.1.5011								-		
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DS, 201 W. PREST RECUTED WITHIN 10". IN PENCIL IN A.L. EXAMINER A BURIAL - TRANSIT AND MENTAL HY ATION, OR REMO		BART 2 OTHER CICAL	CICANT CONDITIONS CO	(c) INTRIBUTING TO DEATH I	NIT NOT BELLE	ra ta Tur traun									
S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PERCIL IN TEAT 18. RETING THE WORD "PENDING" IN PENCIL IN TEAT 18. RED TO THE CHIEF AEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERRIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	TAKE 2 OTHER SIGNS	TICKNI CONDITIONS CO	NIKED DI DAIIDEINI	BUT MUT KELAT	EU IU INE IERMIN	IAL UISEASE U	K CONDITION 6	GIVEN IN PART 1	(a).					
MEALD B	CERTIFICATION	190. DATE OF O	PERATION	LIST CONDIT	ION FOR V	VHICH OPERA	TION WAS	PERFORM	ED?				ZO AUT	OBCV2	
ON OF VITAL RE FICATE SHOULD 3.THE WORD."PE TO THE CHIEF A NOULD BE USED. A RYMENT OF HE.	1 2														
F VITA TE SHO WORD WORD BE CHILL SHOUND SHOU	7 8	210 EXTERNAL	CAUSE WAS	216. TIME OF	INJURY		Z1c. HOV	V INJURY O	CCURRED	ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART			NO Z
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	¥	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ET	C.)	STRI	EET		CITY OR	IOWN	COUP	YTY		STATE
DIN E. THIS C E. WRIT EWARD PAGE STATE (, 21201			W WORK							7					
A P S S S S S S S S S S S S S S S S S S			11/	the remains desc			Autopsy		Inspection L	, Inqui		nd in my opir	nion		
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SHOE SHOE		SIGNATUR	Mund	Thomas			M.D	Maple	7	MEDICALEX	AMINER	SIGNED	12	- '7	-02
W C TE	4	EXAMINER'S NA	ME E.L.	IVHARN	-			-1	-		1	2. &			
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR PATTER DEATH, WITH THE STEATH OFF, MARYLAND, 2 FOR THE STEATH OFF, MARYLAND, 2 FOR THE STEATH OFF.	73c 5	(TYPE OR PRINT)		DATE	122. N	AME OF CEM		DRES	v I	THE OCATION	1	in			
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BP		UNERAL DIRECTO			2122			25	a. DATE REC	D. BY REGIST		ISTRAR'S SIG	GNATUR		
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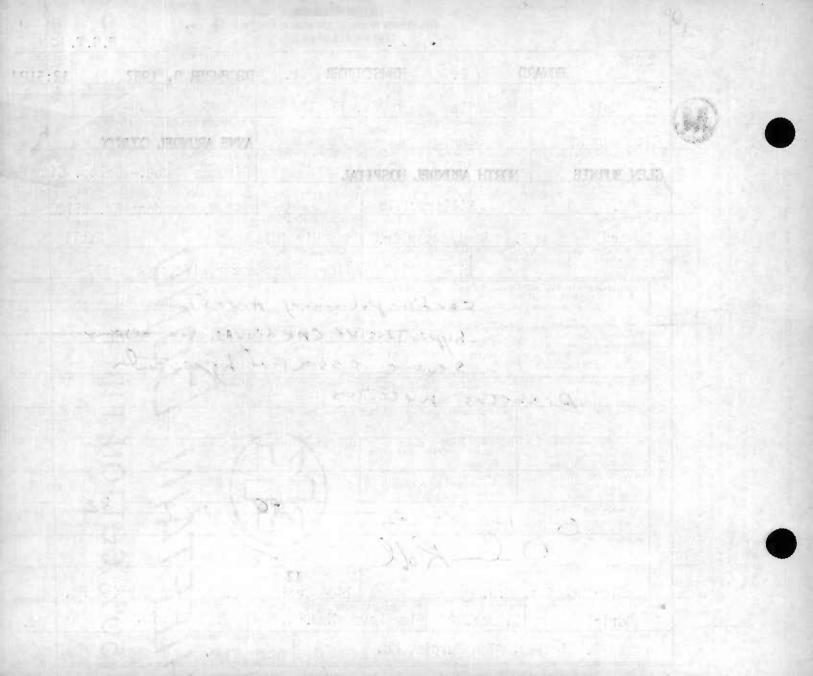
8 X	1	STATE OF MARYLAND FOR STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO.
moy be page 3	- {1	DECEASED NAME FIRST MIDDLE LAST LE LAST BIRTHDAY) LE UNDER LY LAST BIRTHDAY LY L'AST BIRTHDAY L'AST BIRTH
	1/4	FEMALE WHITE MONTHS DAYS HOURS MIN. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHATCOUNTRY? 8. 9. BALVIMORE CITY OR COUNTY OF DEATH
	35	MARRIED NORCED HUNK HEUW DEL MD. CITY OR TOWN OF DEATH IN NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TO USUAL OCCUPATION 126. KIND OF BUSINESS OR
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1 Z4 hos filled in bould be	5	JUAL RESIDENCE (IF NURSING HOME OR O'N HE HELDELTON ON THE HELDELTON OF TH
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be execut on and co	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (KEEDS HEIDHER # 13
rificate physicic on papers emaval.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (d), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON THE CAUSE (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON THE CAUSE (c) IMMEDIATE CAUSE (c)
re death ce re attending emove carbo mation, ar r		Conditions, if any, which (16) DUE TO, ON PONSO COLO Massier Myocardia 6 hr -
by the sse remo		gave rise to immediate cause (a), stating the underlying cause last. DUE TO, PRIS A CONSEQUENCE Of the cause last.
equires the signed. Then plear to burial injury, or	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY MOT RELATED TO THE TERMINAL DISEASE ON CONDITION GIVEN IN PARTIE THE PROPERTY OF THE PERMINAL DISEASE ON CONDITION GIVEN IN PARTIES THE TERMINAL DISEASE ON CONDITION GIVEN DISEASE THE TERMINAL DISEASE ON CONDITION GIVEN IN PARTIES THE TERMINAL DISEASE ON CONDITION GIVEN IN PARTIES THE TERMINAL DISEASE ON CONDITION GIVEN IN PARTIES THE TERMINAL DISEASE ON CONDITION GIVEN DISEASE THE TERMINAL DISEASE THE TERM
he low re on. hos been t permit. ene prior	CEPTIFICATION	190. Date of Operation 196. CONDITION OF WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 12 - 16 - 82
CLAN T	100	CALCALITATION OF CAUSE OF SECTION & FIGURE A.M. MONTH UAT TEAR
ING PHYN r offendin Wifter the os the bur ith and Mi	AFDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE
OO SOE		220.1 certify that (1) (this haspinal) attended the deceased from 1982, 1982, to 1600, 1982, that (1) (including the deceased alive an 1982, and that in (my) (including the deceased alive and from the causes stated above, (1) (including the deceased alive and from the body after death.
TAL OR ATTEN TAL OR ATTEN RAL DIRECTOR detoched for ur tote Dept. of He		126. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 12-18-82
HOSPH ined b	1	220 PHYSICIANISMAME (TYPE OR PRINT) CARY M. RICLARDSON, MO INFORBESS PRINTING M. L. LARDSON, MO INFORBESS M. L. LARDSON, MO INFORBESS M. L. LARDSON, MO INFORBESS M. L. L. LARDSON, M
BP	23	BURIAL CREMATION, REMOVAL 238. DATE /82 CEDAR BRUTT 23 LOCATION COMPANION CO
DHMH - 16 50M 4/82	24	FUNERAL DIRECTOR ADDRESS DATE REC'D. BY REGISTRAR'S SIGNATURE. DEC 2 0 1982 John & County

Page of the Control o	W.
THE SE WALLE I STANFOLD SOUTH	ANI
HOWARD STREET HOOFT. BUSINESS AND STREET	
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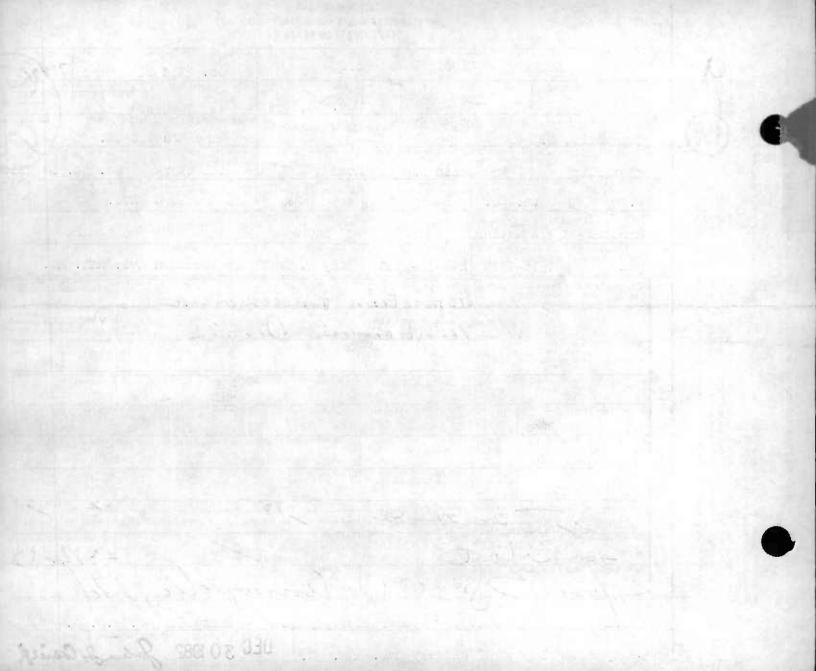
DHMH - 16 50M 1/B1 (VRA 15, 4)

0	10	FOR - STATE REGISTRAR			PARTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 2	3 0 E.S	5 4 6 S.T.
		E OR PRINTI	RST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY Y	EAR 2b. HOUR
		E	DWARD	F.	HEMSTI	ETTER, Jr.	DECEMBER	9, 1982	12:51PM
	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST		DAYS HOURS MIN.
A		Male		Mhite	Jan		46	YRS.	DATE TO THE PARTY OF THE PARTY
IJ	7a. B	IRTHPLACE (STATE OR FORE	IGN 76 CITIZEN	OF WHAT COL	INTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	TH
7	G	len Burnie		USA	WIDOWE	D DIVORCED (ANNE ARUN	DEL COUNTY	MD.
1	10. C	ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL,	NURSING HOME O	ROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS		IND OF BUSINESS OR
4	-	LEN BURNIE	NORT	H_ARUND	EL HOSPIT	TAL			to. City
L	USU.	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUT	ION, GIVE RESIDEN		13d INSIDE CITY LIMITS	13e. STREET ADDRESS	0.7-025-0	
2		Md.	AA	Mille	rsville	YES NO V		sadena Rd.	21122
-	14 FA	ATHER'S NAME	WIDDLE		AST	15 MOTHER'S MAIDEN	NAME		
0		Edward		lemstet	ter,Sr.	Virgin	ia	N	lea 11
1		VAS DECEASED EVER IN L	J.S. ARMED FORCE		AL SECURITY NO.	17 INFORMANT		RESS	
	, i	No	TES, OTTE WAR ON DATE.	213-3	2-7153	Mildred Hem	stetter, wife	e, same as 1	3
1	CERTIFICATION	Conditions, if ony, what gove rise to immedicate couse (o), stating underlying couse I PART 2 OTHER SIGNIFIE 19a DATE OF OPERATION	DUE TO OST. CANT CONDITIONS A G C T	S CONTRIBUTION	A ecc.	essection	rminal dispase or co	NDITION GIVEN IN PA	INDINGS USED
4	ERTI	71g. ACCIDENT WAS UNDERLY	UNG C 21h TIAA	E OF INJURY		121, HOW IN HIRV OCC	URRED (ENTER NATURE OF IN	YES [NO 🗌
1		OR CONTRIBUTING CAUS			TH DAY YEAR	THE HOW WYJORT OCC	ORKED TENTER NATURE OF IN	JUNY IN ITEM 18 PART TORPA	RT 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL E		P.M. CE OF INJURY	19	211. LOCATION		200	
	ME	WHILE NOT WHILE AT WORK			OFFICE, FARM, ETC.)	STREET	CITY OR	rown coun	ITY STATE
					,	6	0 5	9	2
		22a. I certify that (1) (thi				d that is (my) (aus) apusi	on death occurred on the	19 19	that (I) (we) last
		sow the deceased o obove, (I) (we) did 22b. SIGNATURE	did not) view they	dy after death		DEGREE	on deam accorded on the		DATE SIGNED
		TEL SIGNATORE	00	L	10	ATTENDING	MEDICAL _ ST	AFF	DATE SIGNED
		22d. PHYSICIAN'S TAME	(TYPE OR PRINT)		100	PHYSICIAN 22e ADDRESS 12	DIRECTOR PHYS	ICIAN []	
	20	Glen Robb					Hghy.,S.,G	en Burnie,	Md.
		BURIAL, CREMATION, REA SPECIFY Burial		ec.82		en Mem.Pk.	GTehoB	- MA	Md.
	24 FI	James S. Ki	rkley, Gl	en Burñ	te, Md.	100	DATE REC'D. BY REGISTRA	R 256 REGISTRAR'S SIG	GNATURE



DHMH - 16 50M 4/B2 (VRA 15, 4)

Maria Maria - Contra - Kidi - Contra - Maria - Le INTERNATION SHIP the state of the s TO PITCHIE HUM.



FOR 1 - STATE REGISTRAR			DEPARTM	LENT OF H	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 8 2 3	0549	
1. DECEASED NAME FIRST MIDDI (TYPE CR PRINT) Frankie Lee		NDDLE		LAST	24. DATE OF DEATH MONTH DA	1000		
		Hopsor		pson	12 - 21	- 82 7:15a _M		
3. SEX 4. RACE			5. DATE OF BIRTH		a. AGE (Introduce that smithering	FUNDER I YEAR IF UNDER 24 HRS		
Male B1		B1a	ck	4 - 10 - 58 YEAR		24 YRS.	ONTHS DAYS HOURS MIN	
78 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF		WHAT COUNTRY?	T COUNTRY?		BALTIMORE CITY OR COUNTY	OF DEATH		
	Washington, D.C. U.S.		٨.	WIDOWED DIVORCED		Anne Arundel (county) MD.		
10 CITY OR TOWN OF DEATH 11. NAME OF			OSPITAL, NURSING HOME OR OTHER INSTITUTION 4 FACILITY, GIVE STREET ADDRESS)			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY	
Laurel		st Haven			None	None		
Marraland	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Laurel		134. INSIDE CITY LIMITS?	13r. STREET ADDRESS Route 198		
Isiah (deceased)		LAST Hopson	n	15 MOTHER'S MAIDEN NAME FIRST Emma	MIDDLE (deceased) LAST LOUISE Parris			
(YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)		220-72-17		D.C. Childre	ADDRESS			
PART I. DEATH W.	CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute C				Respiratory A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Instantaneous		
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost Due TO, OR AS A CONSEQUENCE OF ALVALIAN DISEASE Due TO, OR AS A CONSEQUENCE OF							
couse (a), stating underlying cause								
Convuls	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Convulsive Disorder 19th DATE OF OPERATION 119th CONDITION FOR WHICH OPERATION WAS PERFORMED 120th AUTOPSY? 120th IF YES, WERE FINDINGS USED							

Conditions, if any gove rise to imp couse (a), statin underlying cause PART 2 OTHER SIGN CERTIFICATION Convuls 190 DATE OF OPERA IN CERTIFYING CAUSES OF DEATH? YES X NC YES [] NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 12-21 82 220.1 certify that (I) (this haspital) attended the deceased from 82 saw the deceased alive on and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

BP.

DHMH-16 25M (VRA 15, 4) 1/79 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria

244. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE 1-20-1983 23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

23d. LOCATION CITY OR TOWN

MEDICAL

STAFF

DIRECTOR PHYSICIAN

COUNTY

STATE Md.

22c DATE SIGNED

24 FUNERAL DIRECTOR

226. SIGNATURE

the

or Item 18

ked

21

IMPORTANT: If Item

517 W. Chambers Co.

above, (1) (we) (did) (did not) view the body after death

11th St. S.E., Wash. D.C. JAN

ATTENDING

PHYSICIAN

Brentwoo P.G.C. 22 -75-2789

aurial 1-20-1983 .t. Lincoln belevery branches 4.0.0. d.

M. .. Chambers Co. 517 lith St. S.L., Wash. G.C.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				DEPARTM	EPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 5 0 5 5 U CERTIFICATE OF DEATH					
ı	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) WILLIAM			MIDDLE	U.	AST HON	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR			
	3. SEX		4. RACE	3	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		
4	IARYLAND		76. CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED TO WIDOWED DIVORCED		Anne Arun	del County Mc		
1	ANNAPOLIS A"			H FACILITY, GIVE STREET	il Ge	neral Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR INDUSTRY		
	JAR AR	RESIDENCE (IF NURSING HOME OF	MIA	ANN AP OL	ADMISSION)	13d. INSIDE CITY LIMITS? YES A NO	8 Cornhill Stre	et		
A	14. FA	DAN IEL	MIDDLE	UTTON		15. MOTHER'S MAIDEN NAM	AIDDLE	HUTTON LAST		
1		(AS DECEASED EVER IN U.S. AR	166 SOCIAL SECURITY NO. 17. INFORMANT 218–14–3489 ORVELL HUTTO			ADDRESS Edgewater, Md. N 403 Contee Wharf Rd.				
	CERTIFICATION		DUE TO, O	DITTIBUTING TO D	CONSEQUENCE OF WORLD ON STREAM ON STREAM OF THE TERMINAL DISEASE OF CONDITION GIVEN IN PART THE FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED					
4	RTIFIC	31. ACCIDENT WAS LINDEDIVING CO. 311. TIME CO.		F MINDY		Tale How/Indiany occupa	YES NO YES NO YES NO			
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH DAY YEAR			216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 216. LOCATION				
ľ		WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, F		STREET	CITY OR TOWN	COUNTY STATE		
		220.1 certify that (I) (this hosp sow the deceased alive or above, (II) (we) (did) (did	16 COMBO	19	12.01	nd that in () (our) opinion	deoth occurred on the date and ha	, 19, that + (we) lost our and from the causes stated		
		22b. SIGNATURE	. Ros	rate	M.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED		
		221 PHYSICIAN'S NAME (TYPE	ROSNE	1.3.		220. ADDRESS 16/6 FOREST	DRIVE ANNOP	win 21403		
	- (URIAL, CREMATION, REMOVAL SPECIFY) URIAL,	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Annanolis	COUNTY STATE		
		INERAL DIRECTOR	nnapolis	ortuary,			e rec'd. By registrary, pegis	STRARS SCALLED		

DHMH - 16 50M 4/82

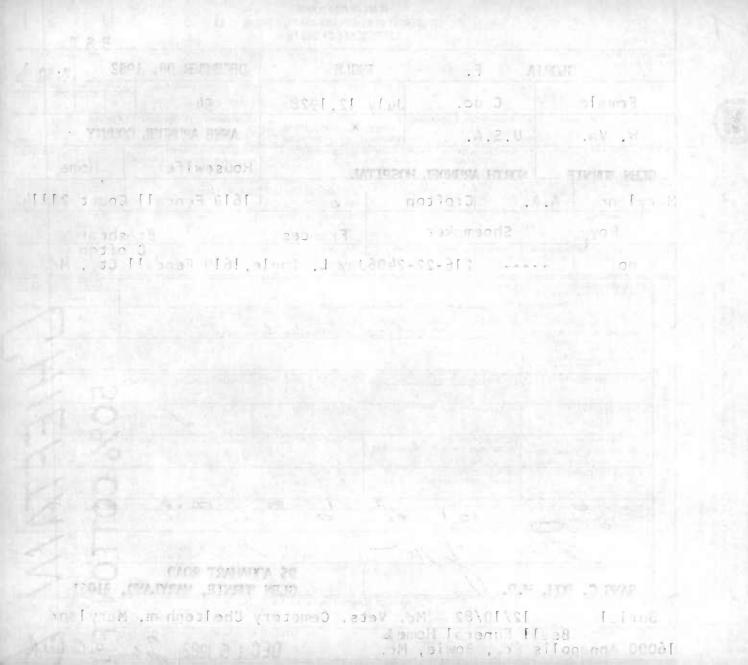
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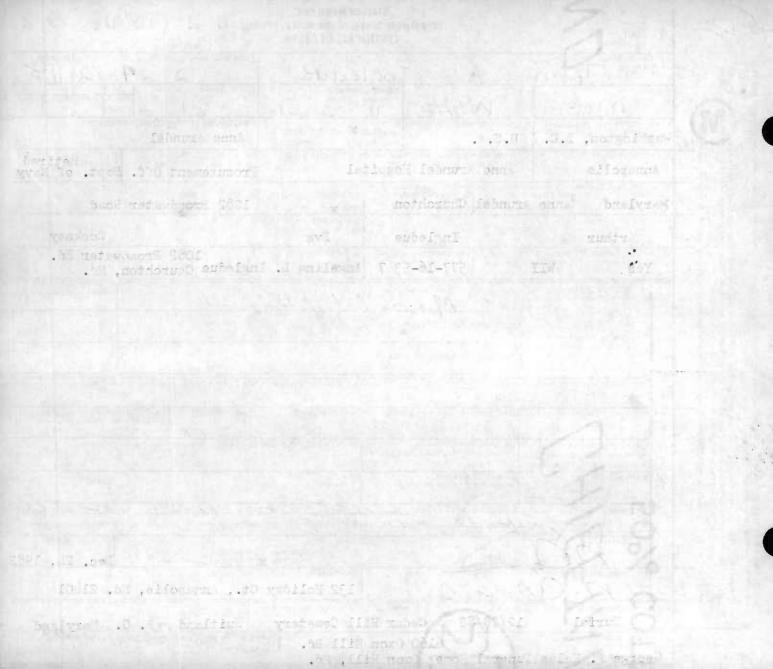
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

MPORTANT: If them 21 is marked at the

(VRA 15, 4)

A COLUMN TO BE A COLUMN TO SERVE THE SERVE THE





8		1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 2 3 0 5 5 3 CERTIFICATE OF DEATH REG. NO.
	noy be		CEASED NAME FIRST OR PRINT) MARIE	ANIBOLE LAST 20. DATE OF DEATH MONTH OAY YEAR 20. HOUR PACE 15. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1 IF UNDER 1 YEAR 4 UNDER 24 HRS
	oge 4 m		Female	White Hug, 5, 1907 75 YRS. MONTHS DAYS HOURS MIN
	deoth. P	To BI	RTHPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUNTRY? 8. MARKIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED PUNCE MD.
102	s after o	1	NNADO/18	1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OF HOSPITAL NURSI
AND 213	filled in could be	130. 5	AL RESIDENCE (IF NURSING HOME OR O	A. 13c AV OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS AD 180N DT.
MARYL	omplete 1 and 2		FLANK T	LOWMAN CAMPE MIDDLE MEEKINS
TIMORE	be execut an ond co	16a V	VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE W	212-44-1319/18/e 11, 1011 Edge WATER, MD, 21032
201 W. PRESTON ST., BAI	s that the death certificate ed by the attending physics please remove corbanpapering, or removal, or other traumatic event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED MAMEDIATE Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost.	BY: CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)
L RECORDS, 3	he low require on. hos been sign r permit. Then I ene priar to bu ows ony injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
I OF VITA	SICIAN: The playsicrop physicrop certificate herial-transit pental Hygier (tem 18 sho)		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
DIVISION	r this the bundand was and W	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21 LOCATION STREET CITY OR TOWN COUNTY STATE
	TTENDING TOR: After for use os of Health 21 is mork		sow the dependent of files on _	of ottended the deceased from 19 50, 19 10, to 19 50, that (I) (we) last view the body after death.
	SPITAL OR A by the hos NERAL DIRECT be detached e State Dept.		22h SIGNATURA	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (~ /3)8
	TO HOSPITAL retained by t TO FUNERAL should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OR	hore of amount me
	₽ ₱ ₱ ₱ ₹ ₹ ₹	23a. E	BURIAN, CREMATION, REMOVAL	12/31/82 HINCREST CEMETERY OF GREMATORY 23d LOCATION COUNTY COUNTY OF TOWN HOUSE COUNTY OF THE PROPERTY OF THE
	DHMH - 16 50M 7/77	24 F	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

The confidence of the same of the same Emaile White Ris 3 1907 75 Proportion Home Alexander Contradition States The second of the second of the second secon Emply To Louinest Service 6 - 212 44 23 7 6 Bee M. Trait Sugar Miller Pale All the same of the same of the 12/21/22 Alice Francisco America 14

DIVISION OF VITAL RECORDS,

12-7-87 SEAL ALES DOGGER BUCK grid (45h) 3364-44 altist diless putil

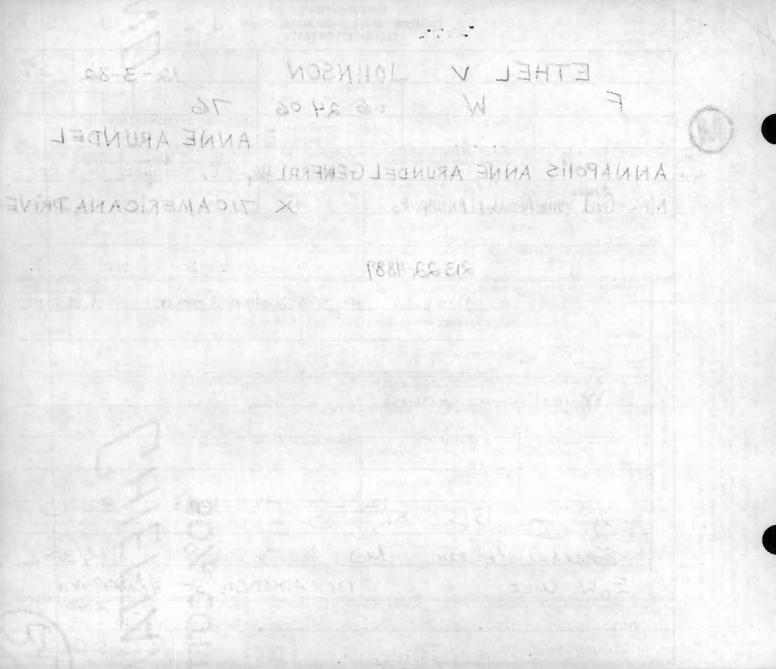
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1	1	STATE REGISTRAR				FICATE OF D		REG. NO		0 3	
N.		CEASED NAME F	IRST	MIDDLE		LAST			MONTH DAY	Y YEAR 2	b. HOUR
Cit		At	ndrew	Thoma	S	Jarboe	Jr.	Decembe	2R 18	1982	1050M
A)	3. SE	X	4 RACE		5. DATE	OF BIRTH	VEAR	6 AGE (IN YEARS LAST BIRT			HOURS MIN
2		male		hite	11.	-7-12	TERM	70	YRS		MIN.
8/1	70 B	RTHPLACE (STATE OR FORE	IGN 76 CITIZI	EN OF WHAT COU	NTRY? 8	D X NEVER M	ARRIED	9 BALTIMORE CITY O	COUNTYO	FDEATH	
57	10.0	Washinton D.		SA	WIDOW		ORCED	Anne Arun			MD.
16	1	TY OR TOWN OF DEATH	(IF NO	ME OF HOSPITAL, I	E STREET ADDRESS)		NOITUTI	12a USUAL OCCUPATION		126 KIND OF I	BUSINESS OR
9		nnapolis	An	ne Arunde	el Genera	al Hosp.		claims off	icer	Dept	of Nav
21	13a :		COUNTY	13c. CITY O	R TOWN	113d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS		•	
\$ 12	_	d.	A.A.	Co. Ma	ayo		NO 🔯	311 Cadle	Ave.		
*7	14. F/	THER'S NAME	MIDDLE		AST	15. MOTHER'S	MAIDEN NA	WE	1	(AST	
320		Andrew	Thom		Jarboe Si		ary			Lovele	ess
medico	160 V	VAS DECEASED EVER IN (U.S. ARMED FOR FYES, GIVE WAR OR D		L SECURITY NO.	17 INFORMAN	VĪ	ADDRE	SS		
E		no		- 578-	10-3794	Marie	Burns	Jarboe 311	Cadle	Ave. N	lavo Md.
nt, th		18 CAUSE OF DEATH IE	enter only one car	use per line for (0),	(b), and (c).	/ •	0	-+	N In		SET AND DEATH
evel	13		MEDIATE CAUSE	(0)	Cart	chae	anas	res			
notic		5860	DUE	TO, OR AS A CON	SEQUENCE OF	-		1 7		132	
roun		Conditions, if any, wl gove rise to immed	hich	(b)		Meri	and	craws			
hert		cause (a), stating underlying cause	the DUE	TO, OR AS A CON	ISEOUENCE OF	11					
or of		underlying cause I	ast.	(c)		Wer	ma,				
lory.	Z	PART 2 OTHER SIGNIFIC	CANT CONDITIO	ONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN	IN PART Ital	
ouy .	CERTIFICATION	190 DATE OF OPERATION	N 196 (CONDITION FOR V	WHICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDING	S USED
Shows	E		- A 12					YES NOT	IN CERTIFYIN	NG CAUSES OF	F DEATH?
8 7	CER	210 ACCIDENT WAS UNDERLY		TIME OF INJURY	H DAY VEAD	21c HOW INJ	URY OCCURE	RED (ENTER NATURE OF INJUR	IN ITEM IB PART		
or Hem	TAL	OR CONTRIBUTING CAUS	a or penin	UR A.M. MONT P.M.	H DAY YEAR						
0	MEDICAL	21d. INJURY OCCURRED	21e F	LACE OF INJURY		21f. LOCATION	N	CITY OR TOV	(N	COUNTY	STATE
rked	2	WHILE NOT WHILE	□ IATH	OME STREET FACTORY.	OFFICE, FARM, ETC)	SIKEEI		CITORIOV		CODINIT	SIAIC
E S	10.	220.1 certify that (I) (thi	s haspital) otten	ded the deceased		955	, 19	_, to Dec /	8 19	82, the	at (I) (we) last
21:	5	saw the deceased a above, (1) (we) (did)	did not view	hady after death	1982,0	nd that in (my) (aur) opinian d	death occurred on the da	re and hour a		
Hem		226. SIGNATURE		a a a a a a a a a a a a a a a a a a a		DEGREE	11.2	-		22c. DATE SIG	GNED/
± :		4 N. 1	Mily	allry		AT PI	TENDING HYSICIAN	MEDICAL STAF	AN \square	12/20	0/82
TANT		224. PHYSICIAN'S NAME	(TYPE OR PRINT)		1	22e ADDRESS		/ /	,		
MPORTANI		J. W. To	LADOA	u ma	/.	310	00 17	lahama A	10 W	ahment	1 D.C.
IMPORTA	23a E	URIAL, CREMATION, REA	AOVAL 23b DA	ATE .	23c NAME OF C	EMETERY OR CE		23d. LOCATION	0 0 7	970	77 70.0
		specify) urial		2/21/82				CITY OR TOWN		LOUNTY	STATE
1/81	_	INERAL DIRECTOR				incoln	250. DAT	Brentwood	Sb. REICHRA	P.G.	Calmid
)	Ha	rdesty Funer	al Home	12 Ridge	oress Iv Ave.	Ann Ma	U	EC 21 1904	100	mon (muny
	-				TI BYO.	AALAIL O L'ALA			M.		

Tracel some Carama Market St. distance di

		REGISTRAR CERTIFICATE OF DEATH REG. NO.
m.c		EASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
oge death		ANNA MAE JOHNSON 12208214.40m
4 mo	3. SE	MONTHS DAYS MONTHS DAYS MONTHS AND
- Bo	I B	OTHER ACE ISSUE OF COLORS IN CITY OF COUNTRY OF DEATH /
CAN Feeth		OUNTRY) MA MARRIED NEVER MARRIED AND AFFUNDE MD MONORCED AND AFFUNDE MD
10 Softer 10	CA	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION 13 USUAL OCCUPATION 14 USUAL OCCUPATION 15 USUAL OCCUPATION 16 USUAL OCCUPATION 17 USUAL OCCUPATION 18 USUAL OCCUPAT
ND 212	13a.	AL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE 136. COUNTY 136. COUNTY 137. CO
AMEYLA 451	IL N	THER'S NAME INST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rather this certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has bright as the buriol-transit permit. Then please remove carbonopopers fings that the hand that hand man and mental hygiene prior to buriol, cremation, or removal. Or the property of the propert	16a V	(AS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT A WIN ALD LADORESSMA. 2/0 GALDEN ES 100 NUNNOWN) (IF YES, GIVE WAR OR DATES) 2/0 GALDEN 2/0 G
SALTI ote b sector ppers.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
ST., BAI		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTACIC CANCER
RESTON death ce attendin nave carb ation, or or		DUE TO, OR AS A CONSEQUENCE OF
REST a dec a dec nave nation traur		Conditions, if any, which (b) (b)
W.P hot the by the ase rei I, crem ather		cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.
201 es th plea urial y, or		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
RDS, and sign Then r to b injury	NO	Huperteusion, stroke
TAI RECO	CERTIFICATION	190. DATE OF OPERATION 1916 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
ON OF VITAL IYSICIAN: The ding physicion is certificate h buriol-tronsit promoted to the manual Hygien or frem 18 shown or f		216. ACCIDENT WAS UNDERLYING TO 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
PHYSICIA ending ph this certificate buriol-th ad Mental d or Item	MEDICAL	(IF EITMER NOTIFY MEDICAL EXAMINER) P.M. 19
DIVISION DING PHY or ottendi After this e as the bu olth and Am morked or	MED	218. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. STREET CITY OR TOWN COUNTY STATE
DIV DING Or off After After off the norke		AT WORK AT WORK
TTEND pital o TOR: / for use af Heo		22a.1 certify that (1) (this haspital) attended the deceased fram 1, 19 2, and that in (my) (our) opinion death accurred an the date and haur and fram the causes stated
OR AT OR AT OR AT DIRECT Sched fig Dept. o	00	abave, (1) (yle) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED
		ASVICE ILLES MD ATTENDING MEDICAL STAFF 12/20/82
HOSPI HOSPI FUNE Uld be Uld be ORTAI		22d. PHYSICIAN'S NAME (TYPE OR PRINTED P) UCL 220 ADDRESS TO HE TO HE HOLL ARIDIL
Of Of White	230	URIAL, CREMATION, REMOVAL 23b. DATE 234, NAME OF CEMETERY OR CREMATORY 23d LOCATION
BP	E	Ur 1AL 12-23-82 LAKEMONT DAVISONVILLE A.A. Ma
DHMH - 16 50M 4/82 (VRA 15, 4)	71.5	INERADIRECTOR ICUS III ANNOPODULIS -Md. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE DEC 2 7 1982
(VIA 13, 4)		- to takely

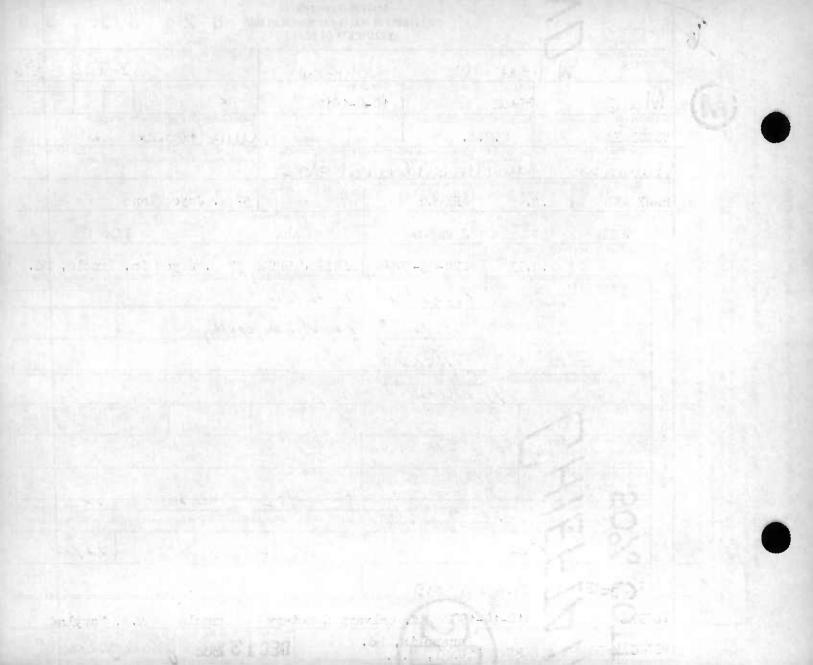
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2



1	1-	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	3	0 5	5 8
		EASED NAME FIRST	iAM	MIDDLE	1	Ohnson	20 DATE OF DEATH	MONTH DAY	-9-82 2b	355
3	SEX	ALE	4. RACE BLACK		5. DATE O	8-1917 YEAR	6. AGE (IN YEARS LAST BIRT		STATE OF THE PARTY OF	FUNDER 24 HRS
EC9723	C	THPLACE (STATE OR FOREIGN DUNTRY) CGINIA	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	PALTIMORE CITY OF	1 MDEL	FDEATH	M
153	di	Y OR TOWN OF DEATH	QUIF NOT IN SU	CREADEL CONTRACT		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126. KIND OF B	SUSINESS OI
		TATE 136 COULT		13c. CITY OR TOW ARN OLD		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 57 E. Joyc	e Lane		
1520	4 FA	HER'S NAME FIRST JOHN	WIDDIE	JOHN SON		15. MOTHER'S MAIDEN NA/	MIDDLE	BA	ARNES	
medico 1	YES	AS DECEASED EVER IN U.S. AF (if yes, gi	RMED FORCES? VE WAR OR DATES) V. II	220-05-5		ANNIE JOHNSO	N 57 E. Joy		Arnold	, Md.
injury, ar ather traumatic e	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, C	OR AS A CONSEQUE OR AS A CONSEQUE ON TRIBUTING TO 1	NCE OF	ht. fz. lune		DITION GIVEN	IN PART 1(a)	
ows ony	⊢ ₽	90 DATE OF OPERATION	196 COND		OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDINGS	S USED F DEATH? NO
tem l	MEDICAL	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp	HOUR A R) P 21e. PLACE (AT HOME, S1	.M. MONTH DA .M. OF INJURY TREET, FACTORY, OFFICE, F	19	21t. HOW INJURY OCCURE 21t LOCATION 51REE1	CITY OR TO		COUNTY	STATE
State Dept. of H		saw the deceased alive are above, (I) (we) (db) (did no 22b. SIGNATURE	view the body	y after death.		nd that in (my) (our) opinion of DEGREE ATTENDING 2 PHYSICIAN 1	MEDICAL STAF		22c. DATE SIC	GNED
with the State [MPORTANT: If	la Pi	ROBERT O. JRIAL, CREMATION, REMOVAL	BIER 1236, DATE		JAME OF C	EMETERY OR CREMATORY	236. LOCATION		1	
A.		RIAL	12-14-			ary Cemetery	Amold		. Marvl	STATE
		NERAL DIRECTOR	ONG NO	A		25a. DAT	E REC'D. BY REGISTRAR			E

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examiner must be

		FOR		DEPART		E OF MARYLAND		rur 9 9		7 0	in the	5 0
1	1.	- STATE REGISTRAR		DELAKII		ICATE OF DEA		REG. I	۷٥.	5 0	2	EST
6		CEASED NAME FIRST	1	WIDDLE	1	AST		20. DATE OF DEATH		DAY YEAR	2b.	HOUR
		GEORGE	Fred	derick	KALI	NE, SR.		DECEMBER	2. 1	982		4:30 M
	3. SE	X	4. RACE		5 DATE C	OF BIRTH		6. AGE IN YEARS LAST B		IF UNDER 1 YE		JNDER 24 HRS
		Male	White			oct. 31, 1900		82	YRS	MONTHS DA	TS HO	OURS MIN.
15	7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MAR	DIED [9 BALTIMORE CITY	OR COUN	TY OF DEATH		
0		aryland	U.S.	.A.	WIDOWE			ANNE ARU	NDEL	COUNTY		MD
Ġ	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITU	TION	120 USUAL OCCUPA				SINESS OR
Ψ		GLEN BURNIE	NORTH	H ARUNDEL	HOSP	ITAL		Fireman	(Ret	.) Ci	Ly	F.D.
1	13a. S	AL RESIDENCE (15 NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY L	IMITS?	13e. STREET ADDRESS	(2	1061)		
-			.A.Co.	Glen Bu	rnie		X	1215 Wi	1son	Rd.		
P	14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MA	AIDEN NAM	MIDDLE MIDDLE		350	1 45 7	
4		George		Kaline	9	Aug	usta				eh1	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	-son	- ADDI	RESS 66	0 "C"	St	reet
	,		n/a	216.28	0625	Mr. Ge	orge	F. Kali	ne J	r./Pas	sado	ena
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OF	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM					VDITION C	GIVEN IN PART	l lio	
G/	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION			N WAS PERFORMED		200 AUTOPSY?	IN CER	YES, WERE FIN	SES OF I	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	E OF INJURY A.M. MONTH DAY YEAR P.M. 19							0 []	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			21f LOCATION STREET		CITY OR T	OWN	COUNTY	LE.	STATE
		22a.l certify that (1) (this haspi	tol) ottended the	e deceased from_		, 1	9	, to		. 19	that	(1) (we) lost
		sow the deceased of we fin	ti view the basiv	ofter death.	, on	d that in (my) (our	opinion d	eath occurred on the o	date and h	our and from	the cous	es stated
		22k SIGNATURE				DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					VED	
		224 HASICIAN CHAME THE	7	122- ADDRECC				Oakwood Road, #200				
		MARC A KAPIA	N. M.D.		30.17			Burnie, Ma			1	
		BURIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CREA	AATORY	23d LOCATION				STATE
		Burial	6'Dec	y. 82 G1	len H	aven Me	m.Pk	• Glen	Burn	ie, A	.A.	, MD.
	24 FU	Singleton F	lQ/M uneral	March Wilder	MD.	Burnie	25a. DATE	C 7 - 1982	Sb. P.G	STRAR'S SIGN	ATURE,	hief

DHMH - 16 50M 1/B1 (VRA 15, 4)

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

(VRA 15, 4)

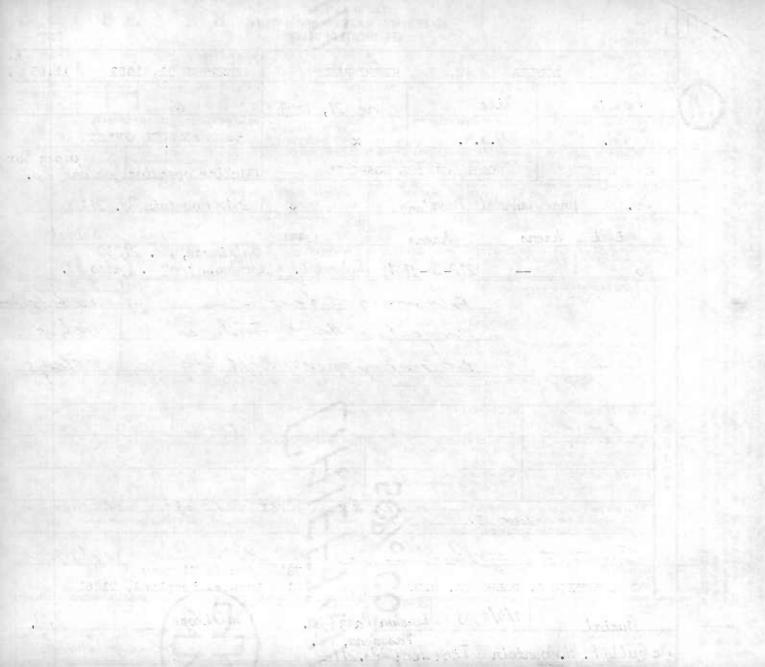
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 7h HOUR (THRE ON PRINT) OF ESTI-Arthur Lewis Kinlein 1928 LAST BIRTHDAY) 4. RACE 2d HOUR DATE PRONOUNCED Male White DEAD 54 YRS & BIRTHPLACE ISTATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK Optic Vice Pres ISUAL RESOLENCE IF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IR STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Anne Annapolis Arundel YES [Hearne Dr. NO S (apt.T2 16 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Joseph Kinlein Anna Marie Devers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 414 -son-LIF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) 216-24-7147 Mr. David A. Kinlein/Rd. Korean CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENT Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. ED AS A BURIAL HEALTH AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? IO BUR YES 器 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY JATHOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE AT WORK COUNTY STATE GE 4 SHOULD BE TO SHOW PER PER DEATH, WITH THE ST 22a. I certify that I took charge of the remains ribed obove, held on Autopsy ond in my opinion death resulted from Homicide Undetermined monner DATE SIGNED 12-11.82 EXAMINER'S NAME (TYPE OR PRINT) × 0 23g. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Baltimore Parkwood 14 FUNERAL DIRECTOR **DHMH-17** Maryland Singleton Funeral Home (VR A15 ME (5)) 15M 2/80

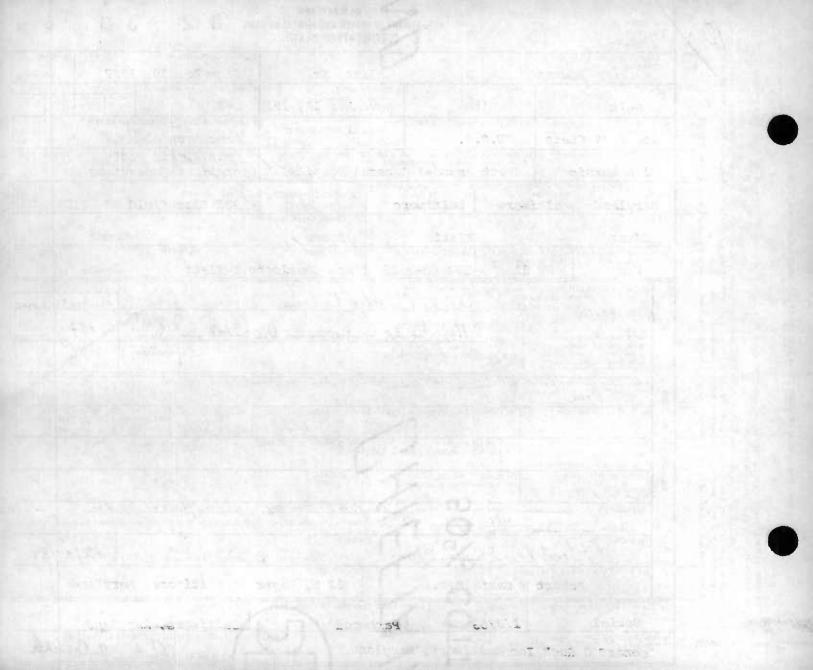
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Hardesty Funeral Home 12 Ridgely Ave. Ann. Md

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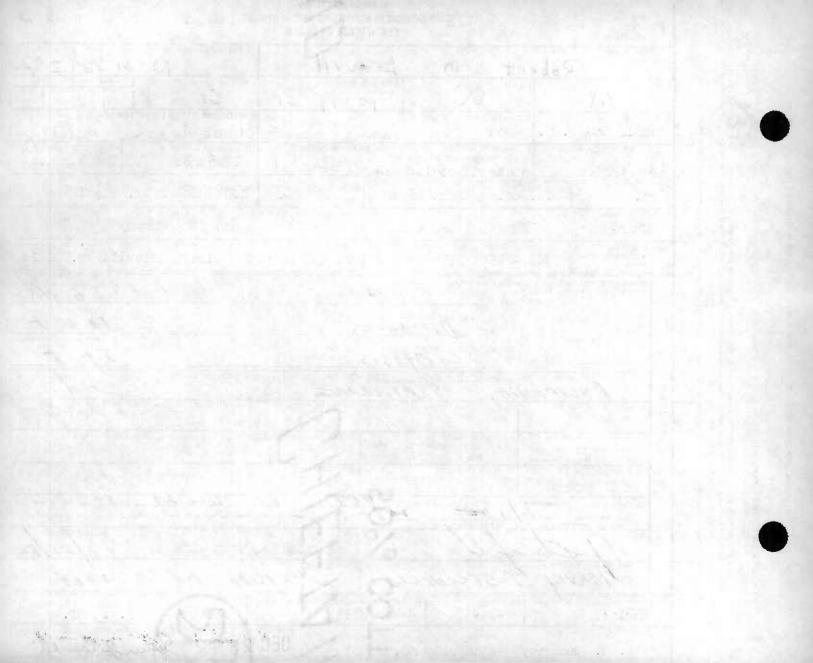
/			STATE OF MARTLAND	29 23 69	y 10 10 1 100			
	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 S	6 0 5 6 5 EST			
- 1.	DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26. HOUR			
L	(TYPE OR PRINT) Benj	amin Henry	KLUG	DECEMBER	26 1982 7:45 PA			
3.	. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Male	White	Aug. 30, 1919	63 YRS.				
77	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	* MARRIED KNEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH			
1	Maryland	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL C	OUNTY MD.			
I^{10}	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TO	H 1/26, KIND OF BUSINESS OR			
4	GLEN BURNIE	NORTH ARUNDE	HOSPITAL	Self-Employed	Station.			
1	JOUAL RESIDENCE HE NURSING HOME OF 30. STATE 136. COUL			13. STREET ADDRESS -2112	2- Operator			
1	Maryland A.	A. Pasade		8181 Ritchie	Highway			
14	1 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST			
1	William	Klug	, , , ,		Clauss			
16	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMANT -W1	fe- ADDRESS Sa	me as # 13			
1		/A 219-12	2-2828 Mrs. Irma	M. Klug				
F	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), o	and icid	1 . 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSE	TE CAUSE (0) My Or	arded my	archin	2 days.			
Ł	4100	DUE TO, OR AS A CONSEQ	LIENCE OF					
1	Conditions, if any, which	(1b)	02,102 01		A- 950 - 1			
Т	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	LIENICE OF					
Н	underlying cause last.	DOE TO, OK AS A CONSEC	DENCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(a			
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2/	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED			
	Ĭ.			YES NO YES NO NO				
	21a. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)			
		AID	DAY YEAR					
	OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 216. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE			
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)		-			
ł		ital) attended the deceased from	Lilec. 2- 1982	- 10 NAC. 26	19 02 , that (1) (we) lost			
	sow the deceased alive ar	of) view the body after death.	82, and that in (my) (aur) apinion	death accurred on the date and hou	ir and from the causes stated			
	226. SIGNATURE	on view the cooy differ death.	DEGREE	S COLUMN TO SECOND	220. DATE SIGNED			
ı	01.11.1	Of. M. Me & alleghter, on. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS					
	RANDALL MCLAUG	HI.IN MD	3708 MOUNTAI	IN ROAD PASADENA	MARYLAND 21122			
2	36. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION				
	(SPECIFY) Buria1		Glen Haven Mem.P	k. Glen Burnie	AAA MD			
2	A FUNERAL DIRECTOR	the Illenes and	125a D.A	TE REC'D. BY REGISTRAR 256 PEGIST				
	NAME	TIMED AT HOMES	Glen Burnie	EC 281982 / 20 a	as In Capital			
L	SINGLETON F	UNERAL HOME	יעויו.	1001 16				

DHMH - 16 50M 4/82 (VRA 15, 4)

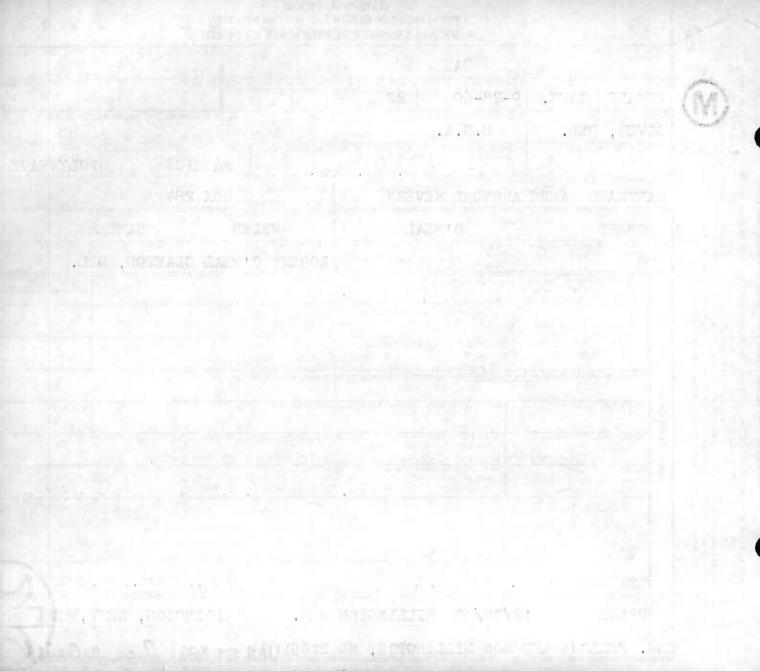
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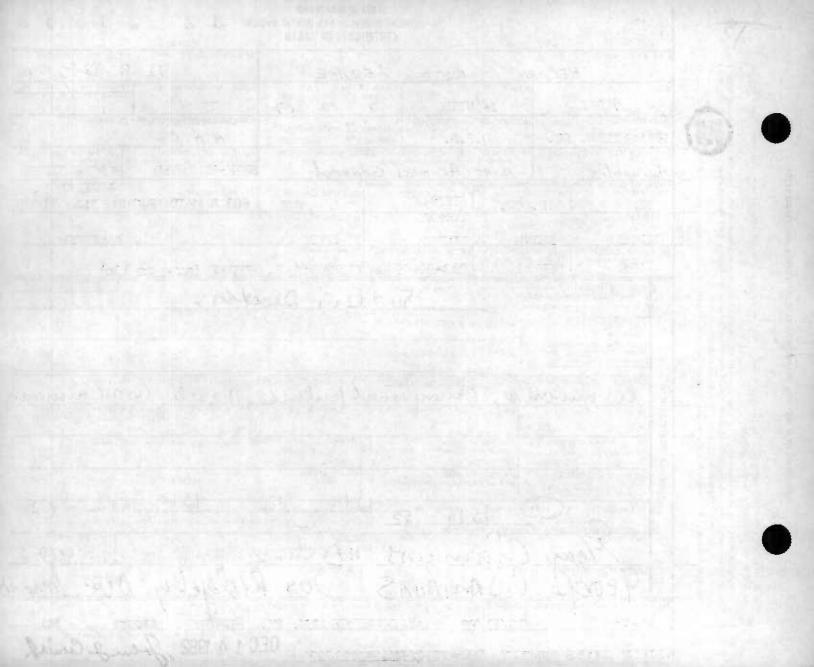
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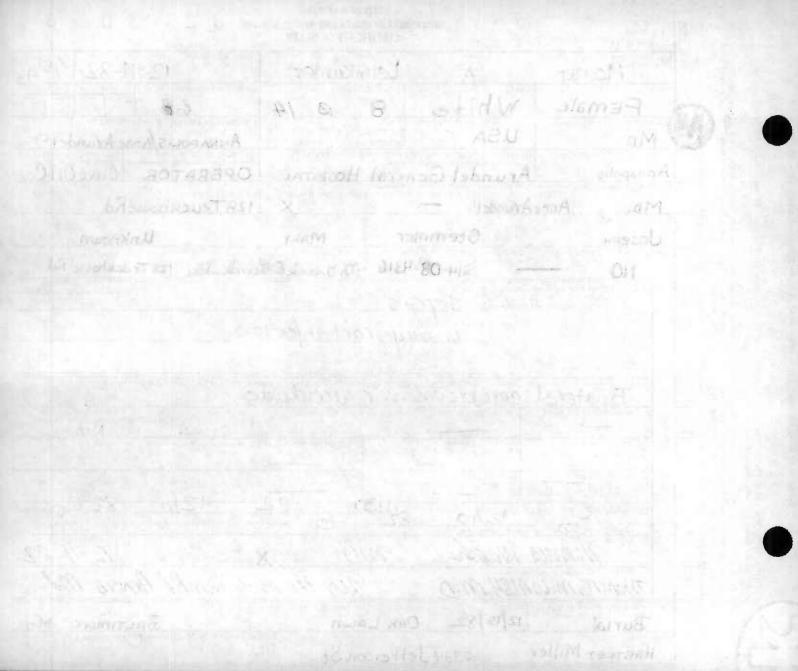
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 70. DATE KNOWN (TYPE OR PRINT) ESTI-GAY PAMELA. IFF DEATH MATED 12.26 19 82 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUF DATE 9-28-60 PRONOUNCED FEMALE CAUC. 11:10 12 26 1982 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED DIVORCED Anne Arundel County O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS FABRICS LIFE) Annapolis Anne Arundel Co. Gen. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BOX 284 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDIE ROBERT O'NEAL HELEN BAXTER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO, OR UNKNOWN) Z22-56-0737 ROBERT O'NEAL CLAYTON. DEL. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO EXECUTE THE CATE WRITING THE WORD." PRENCIL INTERNATION SHOULD BE SOON SHOULD BE TO THE CHIEF MEDICAL EXAMINER ACING TO THIS AND SHOULD BE USED AS A BURIAL. TRANSIT PERMATER DEATH WITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGINE BALLIMORE. MARTHAND FLORING TO BURIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR XXX MONTH DAY YEAR P.M. 12-26- 1982 Pedestrian struck by auto. THE PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK Rt. 50 near Rt. 8.Stevensville.Queen Anne. Md road 220. I certify that I took charge of the remains described above, held an and in my opinian Accident X Natural causes Hamicide _ Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER DATE 12-27-82 SIGNATURE. EXAMINER'S NAME Ann M. Dixon. M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 23b. DATE MILLINGTON, KENT, MD BURIAL 12/30/82 MILLINGTON CEM. BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** EDW FELLOWS AND SON MILLINGTON, MD 21651 MAN (VR A15 ME (5)) 20M 4/B2



13	1-	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH A		GIENE 8 2	3 0 5 6	8
		CEASED NAME FIRST		MIDDLE	LAST			ONTH DAY YEAR 25. HOUR	
poge 3	(TYPE	HERM	IAN	K.EITH	LEGAR	E		11 9 82 230	PM
of, po	3. SE		4. RACE		S. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS	HRS
		MALE		HITE		2 07	75	YRS.	n IIV.
(M. W)	1110	RTHPLACE (STATE OF FOREIGN		F WHAT COUNTRY?	8. MARRIED X NE	VER MARRIED	9. BALTIMORE CITY OR		
	-	ORGETOWN, SC.		.S.A.	WIDOWED	DIVORCED [A.A. Co		MD.
	An	TY OR TOWN OF DEATH	ANN!	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET E ANNO	adoressi Gener	1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W SELF—EMPLOYE	VORKING LIFE) INDUSTRY	
7 15	130. 5	AL RESIDENCE (IF NURSING HOME TATE 13b. CO	OR OTHER INSTITUTION UNTY	131, CITY OR TOWN SHERWOOT	ADMISSION) N 13d. INS	IDE CITY LIMITS?	13e. STREET ADDRESS	NAVAL ARCH. MARION HILL 214	05
2 3		THER'S NAME		FOREST		HER'S MAIDEN N	AME		03
puo World	A	LFRED KI	MIDDLE	LFGARE	F	DNA	WIDDLE	ANDERSON	
- 17-18	16a. V	AS DECEASED EVER IN U.S.	ARMED FORCES?				ADDRESS		
medico	(1	YES USI	1 1930	213-09-0	949A ELIZ	ABETH L.	LEGARE (same	as 13e)	
ol.		18 CAUSE OF DEATH (Enter	only one couse p			_	. /	APPROXIMATE INTERVA BETWEEN ONSET AND DE	ATH
emov		PART I. DEATH WAS CAL	SED BY: IATE CAUSE (o)_		udden	2 Dec	euth.		
or re of re		4860		OR AS A CONSEQUI	NCE OF				
tion, oum	7	Conditions, if ony, which	((b)_						
emo		gove rise to immediate couse (a), stating the	DUE TO.	OR AS A CONSEQUI	NCE OF				
or oth		underlying couse lost.	(e)_						
njury, o	z	PART 2. OTHER SIGNIFICAN	TCONDITIONS	CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110	· A
y inju	TIO	19a. DATE OF OPERATION	MAI	DITION FOR WHICH	nener 12	wine	200 AUTOPSY? 2	Sugar DIE D.	eli>
shows ony	CERTIFICATION	196. DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATION WAS P	EKPOKMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO	,
Mentol Hygis Mentol Hygis or Item 18 sh	CER	210. ACCIDENT WAS UNDERLYING	hand	OF INJURY	21c. HO	W INJURY OCCU	RRED (ENTER NATURE OF INJURY IN		-
tem 18	AL	OR CONTRIBUTING CAUSE OF	PEAIN	A.M. MONTH DA	Y YEAR				
₹ ö	MEDICAL	21d. INJURY OCCURRED	21e. PLACI	E OF INJURY	21f. LOC	CATION	CITY OR TOWN	COUNTY STAT	E
orked	×	WHILE NOT WHILE AT WORK	(AT HOME, S	STREET, FACTORY, OFFICE, F	ARM. ETC)	annes!	CIT OK IOWI	51A1	
mo mo		220.1 certify that (1) (this ha	spital) attended		1011	19 32		19 5 , that () (we	lost
21 :5		sow the an eosed olive obove (11 / e) (did) (did			ond that in	(my) (our) opinio	n death occurred on the date	and hour and from the causes state	d
ept.		226 SIGNATURE	00	ly oner deom.	DEGREE			22c. DATE SIGNED	
detoc		Mean	Clo	man	y wr	ATTENDING PHYSICIAN	MEDICAL STAFF	NO 12/9/2	2
S Ste		224 PHYSICIAN'S NAME IN	TON PAPER		22e AD	DRESS	0.0	A A	
with the Stote C		4 encist	(,)	AMAN	15	005	Mageen	2 DUC Im	2,1
5 3 3		URSAL CREMATION REMOV	AL 110 DATE	230	AME OF CEMETERY	OR CREMATORY	23d. LOCATION	COUNTY STAT	
		BURTAT	12/11/	/82 ME	ADOWRIDGE	MEM. PK	1	HOWARD MD	
60M 4/82	24. FL	INERAL DIRECTOR		ADDRESS		250	LE REC'D. BY REGISTRAR 25		2
4)	WAI	LITER BROOKS BE	ADLEY, 1		LK, MD 21	222	LO 1 4 130Z	john of which	_



	4	FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH		30 3 5 9
	1	DECEASED NAME FIRST	MIDDLE	I AS	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 25 MOLIR-
v 04	- 1	THE OFFICE A	A	2001/11/20	26. DATE OF DEATH	11 67 (15)
4 80		Mary	A	einkuhler	12-	11-82 4-AM
0 0	3	/5EX	4. RACE 5.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 30	-2	FEMale	White.	8 13 14	68 YRS	MONTHS DAYS HOURS MIN.
2 つ雑 (2	LSET	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.		9. BALTIMORE CITY OR COUN	
老少禄 (報制	COUNTRY)	11154	MARRIED NEVER MARRIED	A :-/-	1 1 1 000
4 14 7	1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	DIVORCED DIVORCED	12g. USUAL OCCUPATION	126. KIND OF BUSINESS OR
4 43 4/	-	A	(IF NOT IN SUCH FACILITY, GIVE STREET ADDI		(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
20		Annapolis	Arundel Gene		OPERATOR	Olive Oil Co.
hou hou	30	JSUAL RESIDENCE (IF NURSING HOME O 30. STATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADA INTY 13c. CITY OR TOWN	AISSION) 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	
MARYLAND 2120 ed within 24 hour mpletely filled in to and 2 should be little	0	Mo. Ann	e Arundell -	YES NO	128 Truckhous	se Rd
tely 2 sh	1	FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
w bind w	40	JOSEPH	Stemmer	MARY	WIDDIE	nknown
	1	O. WAS DECEASED EVER IN U.S. A			ADDRESS	Millowii
be execution and corrs. Pages 1	11		Q14-03-43		Pains 10 128T	ruckhouse Rd.
	/ -	NO			remokunder 1201	
BA cote cope ope oval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			ATE CAUSE (o) SEDSI	5		
orbing or r		5770	DUE TO OR AS A CONSEQUENC	FOR / - / /:	A	
STC leot tten ve c ion,		Conditions, if ony, which	(Mandry	Fract infecti	on	
PRESTON he deoth c ne ottendir emove cort motion, or		gove rise to immediate)			
Se re	y injury, or other	underlying couse lost.	DUE TO, OR AS A CONSEQUENC	E OF		
s the			(c)			
sign sign hen j to bu		PARI 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEA			IVEN IN PART 1(0)
ecor ow rec been brior t prior t		190 DATE OF OPERATION	19b. CONDITION FOR WHICH OP	00.01	and the same of th	'ES, WERE FINDINGS USED
DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requirant of the physician. After this certificate has been signs the buriol-transit permit. There is not the buriol-transit permit. The os the buriol-transit permit. The ord Mental Hygiene prior to the orked or Item 18 shows any injurior.	2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OF	ERATION WAS PERFORMED	IN CERT	TIFYING CAUSES OF DEATH?
VITAL RE hysician. ficote hos tronsit per I Hygiene 18 shows	dias					YES NO NO
HYSICIAN: T ding physici is certificate buriol-tronsi Mental Hygi	U-12	OR COLUMNIA CHICAGO		YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	3 PART 1 OR PART 2)
SICIA ng pl certif certif triol-t	7	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
PHYSKIAN: ending physical this certifical he buriol-fron and Mental Hydron dor them 18 states and them 18 states are also states and the buriol hydron and mental Hydron them 18 states are also states and the buriol hydron and the burious areas are also states and the burious areas are also states are also sta		(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
VISION OF VITA G PHYSICIAN: The other ding physician ph		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM,	ETC) SINCE		31212
00 00 5			pital) ottended the deceased from	1130 1.82	- 12/11	, 19 82, tho (1) (we) last
ATTENIOSpitol ECTOR: d for us f. of He m 21 is				ond that in (my) (our) opinion	death accurred an the date and he	, ,,
AT OSP		above, (1) (we)(did) did n	n 12/10 19 8 and the body after death.			
by the hospital by the hospital by the dospital brecorded for use detoched for using State Dept. of H		120. SIGNATURE IIA MAAI	1 Mis Only	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
ZAL SAL		100000	a viaest		MEDICAL STAFF DIRECTOR PHYSICIAN	1271-86
HOSPITA	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	.11 001	7 m/
		THOMAS IN. U	UAISH, In.D	209 renins	ula tarm Ro H	ENOLO IIIa,
of of short	7	30. BURIAL, CREMATION, REMOVA	L 23b DATE 23c NAM	NE OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		Burial	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	i Lawn	CITY OR TOWN	ALTIMORE MD
Dr	-	4 FUNERAL DIRECTOR	11102 ORI		E REC'D. BY REGISTRAR 256. REGI	
DHMH - 16 50M 4/B2	1	HARTLEY Mille	APDRESS DE		FC 15 1982	shirt takely
(VRA 15, 4)		THETLEY ITTILE	er 2334 Jeff	eyson at		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGI:	STRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
I. DECEASEI		WIDDLE	į.	AST	2a. DATE OF DEATH	MONTH E	DAY YEAR	26. HOUR
	Matt	ie Lee	Le	ewis	December	1, 1	982	1 A A
3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
Fer	male	White .	Sept	E. 30, 1918	64	YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLA		76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	_		
S. (Carolina	U.S.A.	WIDOWE		Anne Ar	undel	Coun	ty,
10 CITY OR	TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OF
An	napolis	Anne Arundel	Co.	Gen'1.Hosp	Homemak			Home
13a. STATE	yland A .		'N	13d. INSIDE CITY LIMITS? YES NO	7888 Ame	Apt. rican	T-2 (na Cir	21061) cle
14 FATHER'S		MIDDLE LAST		IS. MOTHER'S MAIDEN NAM	WE	3535		
		B. Bowe	n	Rhoda	G.		San	ders
	CEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT -Hus	band- ADDRE	ss Sam	ne as	# 13
	No No	/A 249.22.	4364	Mr. Benjam:	in L. Lew	is		
Cano gave cause	ART I. DEATH WAS CAUSED	ly one cause per line far (a), (b) and D BY: E CAUSE (a) DUE TO, OR AS A CONSEOUI (b) DUE TO, OR AS A CONSEOUI	ext of Cens	Chupes &	Tug leeus	Socis	19 d	MATE INTERVAL DUSTE AND DEATH CONSTITUTION OF THE
NO NO	2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO 1			INAL DISEASE OR CON	20b IF YES	, WERE FINDIN	NGS USED
FE		1000			IN CERTIFYING CAUSES OF DEA			OF DEATH?
00.00	CCIDENT WAS UNDERLYING THE NOTIFY MEDICAL EXAMINER	10	HOUR A.M. MONTH DAY YEAR		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART			
WHILE		21 e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
a	certify that (I) (this heaping the deceased alive on bave, (I) (1) (did) (did not light)	to) view the bady effer death.	5 7,01	, 19 7	, ta	ote and haur		

23a. BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

FOR

23c. NAME OF CEMETERY OR CREMATORY

Maryland

Glen Burnie,

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

A.A., Burial Glen Haven Mem.Pk. 24 FUNERAL DIRECTOR

22e ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar Item 18 shows any

Smitters . Holmana Verb. 1 - 2 121 101) Anderson a such a fabrica entre allogated Pinalt mani tema 2007 | x | singul sero . A.A Service ASSESSED TO SESSED TO SESS John Lead of the state of I got the contract the track of the contract o

the street of th Letter But But the first the state of the said that the little said the sai rown tast 2 to 2 pc End XIII at consular AA Later County Assessment County ester who are things -sleet ESTERNISHED TO STORY OF THE STATE OF THE STA dry the structure appropriate assistant to the States and the NEW Wastegood followed house of sheet

1/1				STAT	E OF MARYLAND				
8 X40	1-	FOR STATE REGISTRAR			ICATE OF DEATH		EG. NO.	3 0 5	12
• n∉		CEASED NAME FIRST	MIDDIE		AST	7a. DATE OF DE		DAY YEAR 21	HOUR
d poge	3 SEX	Hugus	STUS 5	5. DATE O	DE BIRTH	6. AGE (IN YEARS)	Dec I	3 1982 IF UNDER I YEAR IF	UNDER 24 HRS
- 60	1	Male.	White	MONT		9 63	YRS.	MONTHS DAYS H	IOURS MIN.
一种则		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE	NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	1 1	
	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCC	UPATION	12b. KIND OF E	MD. BUSINESS OR
a f 13 00	. 1	Innapolis	505 Kno	GIVE STREET ADDRESS)	Drive	Reta	MOST OF WORKING LI	Grac	er
MARYLAND 2120 ed within 24 hours ond 2 should be file oxorninement for	13a. S	LATE 136 COUR	NIX PE CITY	OR TOWN	13d. INSIDE CITY LIMITS	1	RESS	1 1	hula
ryton ithii 2 shou	14. FA	THER'S NAME		rap Alis	YES NO NO 15. MOTHER'S MAIDEN		Mollw	ood DY	-21401
MAR wed wond on the ded work	1	lepru Ra	L Samuel	-cuman	Marg		DDIE	buheu)
IMORE,	160. W		RMED FORCES? 166 SOC	CIAL SECURITY NO.	17. INFORMANT		ADDRESS S	ame a	S
ALTI		18 CAUSE OF DEATH (Enter or	nly one couse per line lor	1 00 1061	ILIIa Le	men		#13	TE INTERVAL
ST., BAL entificate g physici oonpaper removol.		PART I. DEATH WAS CAUSE	TE CAUSE (o)		mayon.	1		2/4	ET AND DEATH
ath ce		1629	DUE TO, OR AS A CO	ONSE VENCE OF				0	
PREST		Conditions, if any, which gove rise to immediate couse (a), stating the	(b)	0.105.015.105.05		The state of			
201 W. PRESTON es that the death co ned by the attendin please remove carb ural, cremotion, or v, or ather troumotic		underlying couse lost.	DUE TO, OR AS A CO	ONSEQUENCE OF	the state of				
DS, 20 quires signed hen pl to buri	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OF	CONDITION GIV	VEN IN PART 1(0)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN; The low requir ottending physicion. Ifter this certificate has been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY		S, WERE FINDING	
TALRI The land in the land in the land is the land is the land is the land is the land in	RTIF		The state of halling		121 11011111111111111111111111111111111	YES NO	YE	ES 🗌	NO [
N OF VITA SICIAN: Th ng physicio certificate irriol-tronsit ental Hygie frem 18 sho	-	2] 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MO	NTH DAY YEAR	216 HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM 18, I	PART 1 OR PART 2)	
HYSICI nding is nding is this cert buriol d Mentel	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	RY	211. LOCATION STREET	City	ORTOWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK				7	117	<i>@</i>	
TEND or USE or USE of U		22a. certify that (I) (this haspi	Dune	19 87 . 0	nd that if (my) (our) opin	ion death occurred or	the date and ha	ur and from the cou	(I) we) lost
OR ATTEN e haspital DIRECTOR, sched for up Dept. af He		274 SKG ATURE	the body olter dea		DEGREE			22c. DATE SK	SNED
7 = 7 = 0 =	-	ELA PHYSICIAN SOLAME COURSE	1- July	1, 11	ATTENDING PHYSICIAN 276. ADDRESS	MEDICAL DIRECTOR DE	STAFF PHYSICIAN [11/19	1/85
0 = 5 p f x		Husenh	M. Frien	1	205 R	diely	the	Anna	v/3 kg
TO Horain TO Fi shoul	23a. B	URIAL, CREMATION REMOVAL		73c NAME OF C	EMETERY OR CREMATOR	RY 23d. LOCATIO	N WN	COUNTRY	31611
BP	24.51	INERAL DIRECTOR	Decle,198	2 +111	crest	Hona	00/15	H.A.	DIX
DHMH - 16 50M 7/77 (VR A 15 (4))	100	NIME	1 Charal	DDAS	lic Mil	DDE C. DSA D€ dg	July 1	PINATUR	

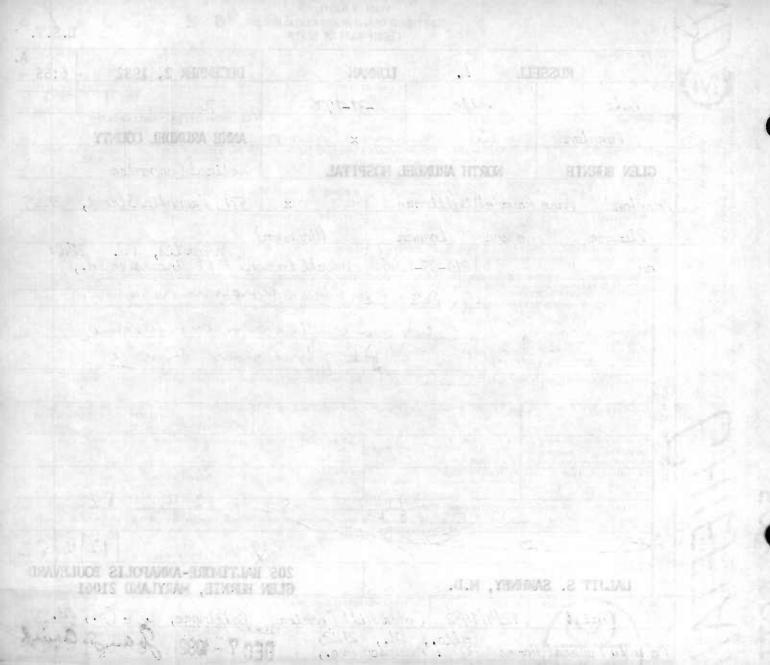
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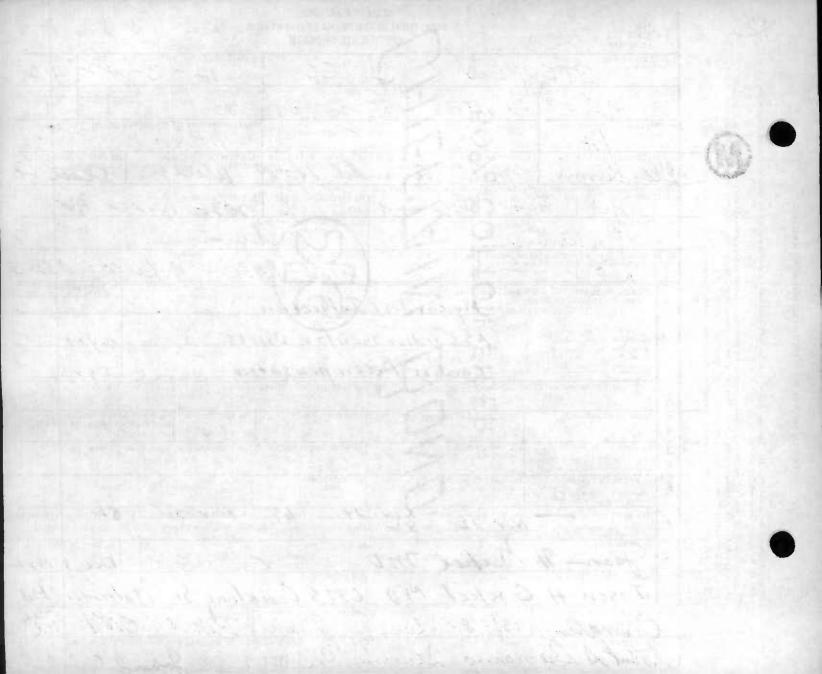
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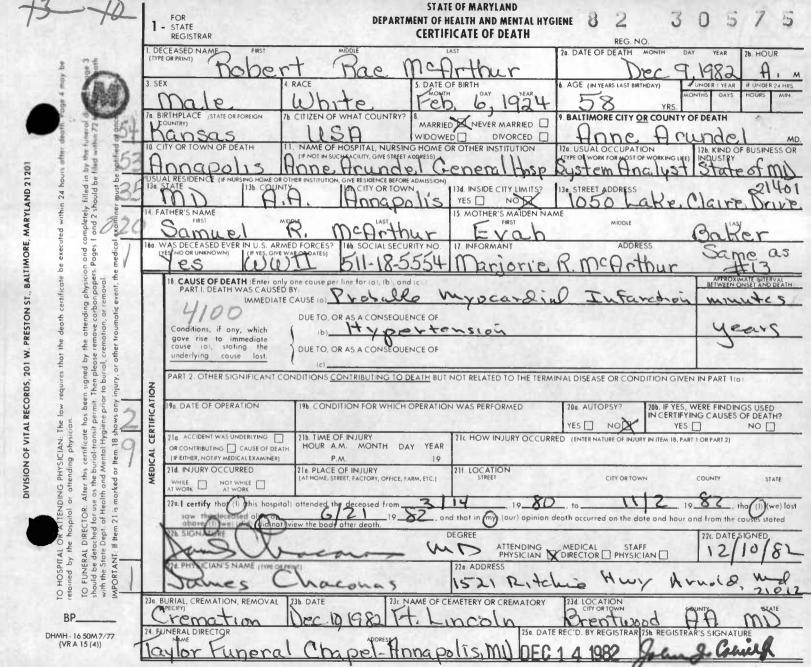
DHMH - 16 50M 4/82 (VRA 15, 4) 24 FUNERAL DIRECTOR

Md ully Funeral Homes

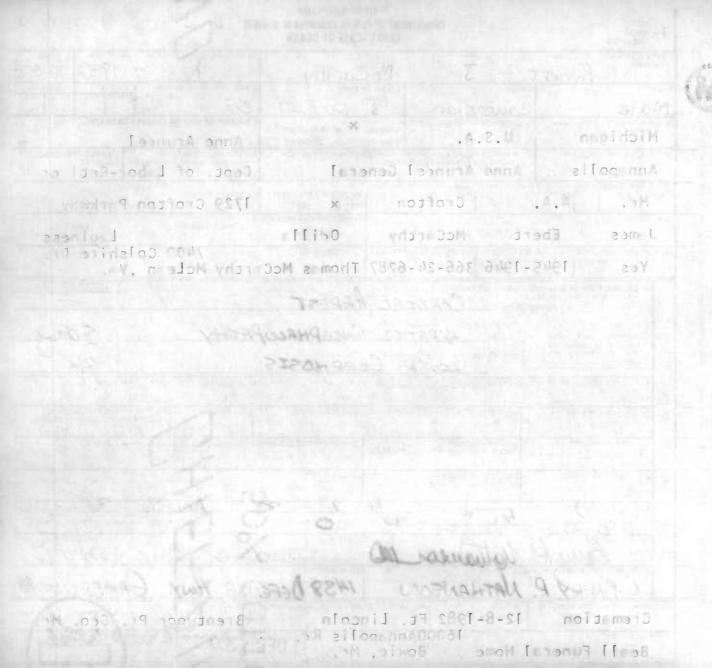


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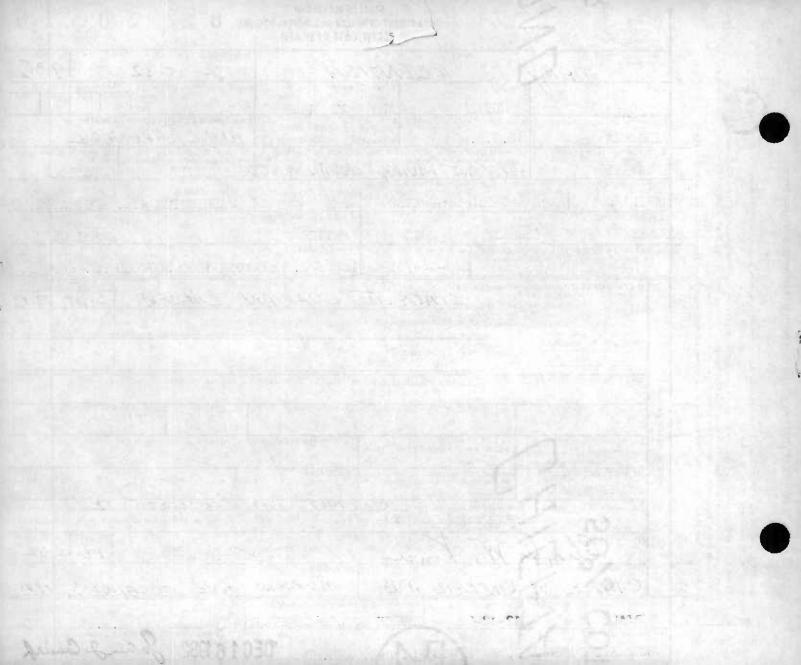
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1 11	FOR			DEPA	STA ARTMENT OF		ARYLAND AND MENT	AL HYGIEI	NB 9	3 0	5 7	1
	REGISTRAR	AE FIRST		MEDIC	AL EXAMIN	IER'S C	ERTIFICAT	E OF DE		5. NO.		
1	PECEASED NAM		mas	MIDU	OLE .	ML	Caur	T	OF ESTI- DEATH MATE	M MONTH	19 82	2b. HOI
3. SE	EX	4. RACE	5. DATE OF MONTH	DAY Y	6. AGE (IN YI LAST BIRTHD	AY) MONTH		NDER 24 HRS	PRONOUNCED DEAD	MONTH 12	8 1982	2d. HO
7-70.	BIRTHPLACE ()	76 CITIZEN	OF WHAT C		8. MARRI	ED NEVER M	-	9. BALTIMORE CI	_	TY OF DEATH	10
10.0	CITY OR TOWN		II. NAME		, NURSING HOM GIVE STREET ADDRESS)	E, OR OTH			SUAL OCCUPATION R MOST OF WORKING LIFE			RY
	Croft JAL RESIDENCE STATE Md.	E (IF IN NURSING HOM	AE OR OTHER INSTIT	13c.	DENCE BEFORE ADMISS CITY OR TOWN rofton		13d. INSIDE CITY LIMI		REET ADDRESS	Court	Princin	g
14.	FATHER'S NAM	NE .	MIDDLE		LAST		15 MOTHER'S M				LAST	
160.	Franci WAS DECEASI	ED EVER IN U.S.	ARMED FORCE	S? 16b	McCourt SOCIAL SECURITO 044-24-78		Mary 17. INFORMANT		ADD		1ho11and	
TION		SIGNIFICANT CONDITIO	ONS CONTRIBUTING	-	T RELATED TO THE TERM	MINAL DISEASE	OR CONDITION GIVEN	I IN PART 1 (0).				
5 5		OF OPERATION	19b.	CONDITION	FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY	?
CERTIFIC		VAL CAUSE WAS	21b. HC	TIME OF INJU		21c. HC			R NATURE OF INJURY IN ITE	EM 18 PART 1 OR P.	YES 🗆	? NO
MEDICAL CERTIFICA	CONTRIBUT	NAL CAUSE WAS	21b. HC DF DEATH	TIME OF INJU	JRY NTH DAY YEA 19 JURY (ATHOME.	21c. HC			R NATURE OF INJURY IN ITE		YES 🗆	
	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a. I cer death resul	NAL CAUSE WAS G OR TING CAUSE CO OCCURRED NOT WHILE AT WORK rify that I taak che	DF DEATH 21b. HC 21c. S1 arge of the rem pural causes 1	TIME OF INJU UUR A.M. MO P.M. PLACE OF IN. REEI, FACTORY, F.	JRY NTH DAY YEA 19 JURY (ATHOME, ARM, ETC.) d abave, held an dent , Si	21c. HC	OW INJURY OCC	URRED (ENTER			YES OUNTY	NO
MEDICAL CERTIFIC	UDDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a. I cer death resul SIGNATUR EXAMINER'S (TYPE OR PR BURIAL, CREM, (SPECIFY)	NAL CAUSE WAS OR TING OR CAUSE OF OCCURRED NOT WHILE AT WORK Tify that I taak che lited frage.	DF DEATH 21b. HC 21c. S1 21	TIME OF INJUIUR A.M. MO P.M. PLACE OF IN. REET, FACTORY, F. Accid	JRY NTH DAY YEA 19 JURY (ATHOME, ARM, ETC.) d abave, held an dent , Si	R 211. LOC S Autaps	CATION TREET TITLE (SPECIF D. D. G. C. ADDRESS A.	urred (enter	Inquiry , etermined manner	and in my a , DATE SIGN	YES OUNTY	NO

Acres Salaria Comment

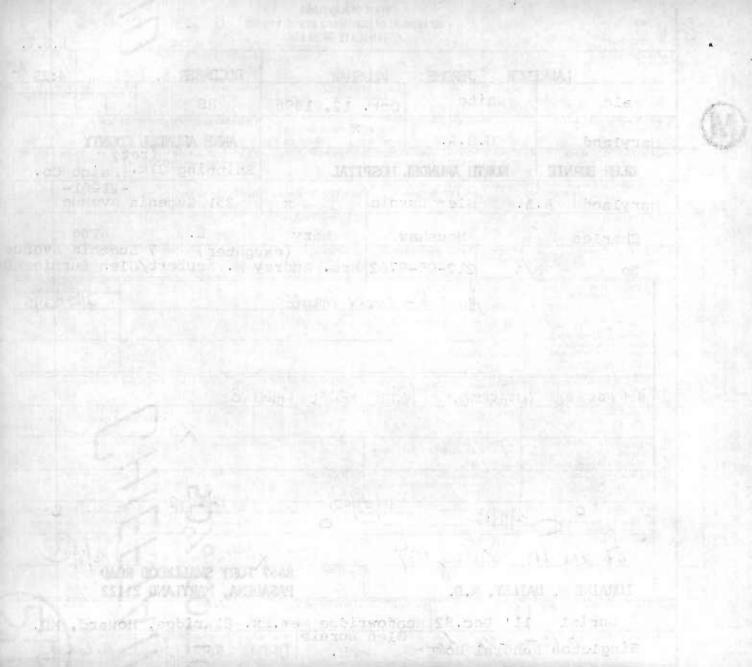
(VRA 15, 4)



	6	1,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 2 3	0579
	-6		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
e]			CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR
2.	y be age 3 death	1111	Marie	m	Melvin	12-25-	82 /230Pm
xami	and be der d	3. SI	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
X	MA		FEMALE	WHITE	8 27 (O	72 YRS.	MONTHS DAYS HOURS MIN.
	IN KUL	10	IRTHPLACE (STATE OR FOREIGN POUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED NOVER DIVORCED		of DEATH
Med	6 H313 F	10 0	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
No.	t: 17 90	16	dgewater	PLEASANT LIVING	CONV. PEECHONE	(TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY
25	1 11 201	USU 130	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR			1,70,700
15°	a HOU	7	nd, Tok	oma PK	VN 13d. INSIDE CITY LIMITS? YES □ NO ▼	13. STREET ADDRESS	and Aurel
150	1 12 17	J.E	ATHER'S NAME		15. MOTHER'S MAIDEN N.	AME	and were
4	p Ide / /	16		MIDDLE LAST	EAGRET	WILLIAMS	LAST
THE STATE OF	S I Co		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
HQ.	Page Page		YES, NO OR UNKNOWN) IF YES, GIV	E WAR OR DATES) 577-16-	3258 DR 01-1-1	Messick (b)	-than
Garinder, What Gas	te b	-	1	ily ane cause per line far (a), (b), a	nd (c)	· · · · · · · · · · · · · · · · · · ·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B	ertifica ng phys san pag remave:		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0) acute	Cardine any	t	BETWEEN ONSE AND DEATH
E S	ath c carl n, ar			DUE TO, OR AS A CONSEQU			
RES	dec office of the office of th	34	Conditions, if any, which	(6)	First ASCVD		
PRISION OF VITAL RECORDS, 201 W. PRESTON ST.	by the ose rem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	and preumous		
5. 20 20. 20	luires t signed nen ple o buria jury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART Ita
700	y in T	1 8	19a DATE OF OPERATION	Tisk conjuition for willis	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
ON THE	n. n. nos bernit	CERTIFICATION	140. DATE OF OPERATION	148 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
Ø.	N: Th nysicio icate l ransit Hygie 8 sho	HE HE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	
OF V	A P P P P		OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
HO	PHYSIC ending this cert the burial ad Menta	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		
ISI	O # 0 # 0 9	X	WHILE NOT WHILE	LAT HOME, STREET, FACTORY, OFFICE.	FARM. ETC) STREET	CITY OF TOWN	COUNTY STATE
0	or aff			tal) attended the deceased fram.	Nov 30 19 8	- to Dec US	19 82, that (1) (we) lost
40	R ATTEN haspital RECTOR red for u pt. of Ho		saw the deceased alive an	t) view the body after death.	, and that in my (aur) opinion	death accurred on the date and hou	
TO	8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		22b. SIGNATURE	The wife oddy offer deoff.	DEGREE		220 DATE SIGNED
te	7 4 7 5 5 5	,	BIA	ulon	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Dec 2582
Ä	HOSPITAL ined by the FUNERAL vide be detected to the State ORTANT:		224. PHYSICIAN'S NAME (TYPE C	R PRINT)	22e. ADDRESS	1 -1 /	7/
Reporte	~ 5 ~ 6 ~ 6		1 B(tu	rlow KU	77 W15	tSt. Huni	apolis Kd
Re	Of of Ships	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF GEMETERY OF CREMATORY	23d. LOCATION	21401
	BP	0	REMATION A.	12/27/1982	FORTWINCOLN	BRENTLY) OF	F. Gra Md.
	DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR HOULE	erwalters and	54 CARROLL SC 250. DA	HERODY HOURS IN HELD	EAST AURILLY
	(VRA 15, 4)	2	RECMA FUNL H	OME INC. N.W	WASH. A.C.	010 2 0 100	

A PERSONAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE P 30714 320131-1 SOUTH THE PROPERTY AND A SECOND SECOND Charles of the property of the contract Service of the Party of the May 20 CHURCH CONTRACT CONTRACT Breder of any 18/2/1962 Tent Division MARKET COLLEGE MA

6	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2	3 0 5 8 0 E.S.T.
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
3.5	LAWRI	ENCE JEROME	MELISHAW	DECEMBER	8, 1982 4:25 A
3.5	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
	Male	White	oct. 12, 189	5 86	YRS.
20.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED M NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
57	Maryland	U.S.A.	WIDOWED DIVORCED	□ ANNE ARU	NDEL COUNTY MD.
illed with	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, NORTH ARUNDEI	G HOME OR OTHER INSTITUTION ADDRESS) L HOSPITAL	120 USUAL OCCUPATION OF THE SHIPPING	
ad by 02 130	UAL RESIDENCE (IF NURSING HOME OR I. STATE 136. COUN	134. CITY OR TOW	N . 113d. INSIDE CITY LIMIT	351 Euc	-21061- genia Avenue
20 July 20 14	FATHER'S NAME FIRST Charles	Meusha	w Mary	MIDDLE .	Kyňe
Poges 1	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 21 2-05-		daughter ADDRE rey M. Neube	ss / Eugenia Avenu ert/Glen Burnie M
a by ne arenaning physics cose remove carbon pool of, cremation, or removoli- or ather traumatic event, th	PART I. DEATH WAS CAUSED ATT I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.		PIRATORY FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2112 days
Then pl to buri njury, o	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO		ERMINAL DISEASE OR COND	DITION GIVEN IN PART 1101
ows ony	190. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
riol-tr		P.M.	YEAR 19	CURRED (ENTER NATURE OF IN)UR	Y IN ITEM 18 PART I ORPART ?)
os the but the and Morked or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
thed for use ept. of Heal lism	220.1 certify that (1) (this hospit saw the deceased give on above (1) (we) (did) (did not 22b. SIGNATURE	ol) offended the deceased from 19	DEGREE	- C	. 19, that (1) (we) lost site and hour and from the causes stated
FUNERAL D	22d PHYSICIAN'S NAME (TYPE OF	1. Warley M			FAND 12/8/82 WOOD ROAD
with the Stat	LORAINE M. D	AILEY M D		SADENA, MARYL	
€ 3 <u>₹</u>	BURIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATO		LUD 21122
	(SPECIFY) Burial		adowridge Mem	CITY OR TOWN	ge. Howard. MD.
24	FUNERAL DIRECTOR		Glen Burnie 25a	DATE DEC'D BY DECISTOAD	OF AFCISTRADIS SIGNATURE



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Auga Arthdol County, g			Senna Ivania
Houseuite two some -21 vc21	MISSISSI .	Tournay suor	
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Marine Land			

15	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	0 3 8 2
noy be page 3	(TYP	CEASED NAME FIRST	Monte	CARLO	20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR 7-82 7 4 M
ige 4 m	3. SE	FEMALE	WHITE	5. DATE OF BIRTH MONTH OAY YEAR YEAR		ONTHS DAYS HOURS MIN.
d (M)		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	T. BALTIMORE CITY OR COUNTY OF	DF DEATH MD.
the filed in	A	NNTPOWS	A. A. GOVE STREET	NOSO,	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
filled in hould be	130	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COULT		PARTYES NO P	13. STREET ADDRESS RED	OAK SU
ompletely ond 2 sh	14. F.	ANTI+CNY	MONTE MONTE	CARLO FIRST VIC	TORIA MI	4STRANGEL
in and co			MED FORCES? 166 SOCIAL SECU ME WAR OR DATES) 167/10	1696 A - JEHN	NE GEEICO	ABOUR
rificate be exectly physician and nipapers. Pages mayor!.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), ar D BY: TE CAUSE (a) A CO	genic Shock		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hat the death certi by the attending p ose remove carbon i, cremation, or ren other troumatic ev		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) My O DUE TO, OR AS A CONSEQUE	cardeal lufo	art (probable)	7 60
ned ple	NO	PART 2 OTHER SIGNIFICANT OF	/	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	N IN PART 110
he low red hos been to be permit in permit in permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
PHYSICIAN: T ending physics this certificate te burial-fransi ad Mental Hygi d or Item 18 sh	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	518	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
10 ± 1 ± 0 0	MEDICAL	21d INJURY OCCURRED . WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDING haspital or or IRECTOR: Afte had for use as ept. of Health tem 21 is mark		220.1 certify that (1) (this hospi saw the deceased alive on	tal) attended the deceased from 12/27 19	72/27, 19 30 2 , and that in (my) (our) opinion	deoth occurred on the date and haur o	, mar (ii (we) lasi
AL D AL D letoc		12h SIGHAYORE 4	Edellaum	DEGREE COVERED ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/27/TL
TO HOSPITAL etained by the TO FUNERAL should be det with the Store	-	ACK E	PRINT) (tebtum	M) 22e ADDRESS		
BP	230	IAL, CREMATION, REMOVAL	23h. DATE 12/20/87 23c	oly Name Cen	of GersenCly	Hulson)
DHMH - 16 50M 4/82	24.5	STALL DIRECTOR ROLL	- Sept / Sept -	Oh DO DE	C 29 1982 4 4 1	the Granes of

FBITH MINTERALLE FEWHER STATE EURITEELE PARTIE HORSE TEATHER TEATHER The Thirty Surrous was a series of the house BUTTIERY THERTE CALLS VIETERIA MATERIAL SELE The state of the second of the A supole of some from the first the first the THE BEST WILL SETTING THE STATE OF THE STATE

1	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 22 22	
0	11.	- STATE	583
	1.5	REGISTRAR 2017/76 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		DECEASED NAME FIRST MIDDLE 120. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HOUR
ASE OR. ES.		HMANGA ELIZABELA MOLDEATH MATED DEC	251982 M
PLE. FOLLOWING	3. SI	A RACE SOLATE OF BIRTH BAY YEAR LAST SITUNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH	DAY YEAR 2d. HOUR
DIR DIR	-	T, BLACK ABY 3-02 BORS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 12 2	1957 - M
RAIL Y HIN	70.1	BIRTHPLACE (STATEOR) 76. CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY	OF DEATH
S NECESSARY PLEASE E FUNERAL DIRECTOR. D. WITHIN 72 HOURS W. PRESTON STREET	1	MARRIED NEVER MARRIED WILDOWED DIVORCED ANNE ANY	vdeL MD.
	11/	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12 FORWORST OF WORKING LIFE) 12. USUAL OCCUPATION (TYPE OF WORK 12 FORWORST OF WORKING LIFE)	
3 T C S S S S S S S S S S S S S S S S S S	USU	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
E, MD. 21201 FEATH, IF ANY DELA EST, 2, AND 3 TO FM. 3. RETAIN PA TO 2 SHOULD BE FATH EFFORD FATH IN THE ORDE, THE O	13a.	STATE A 136. CQUNTY A COLTY OR TOWN 136. INSIDE CITY LIMITS? 13- STATES DDRESS DA BIND	crible Rd
MD. 3	14. F	FATHER'S MAIDEN NAME RIST FIRST MIDDLE	
EST STATE	V	JOHN BLOWN THANCES RUN	V C
AORE PAGE NORM	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 1/45, NO. QRUNKNOWN) 1/19 YES, GIVE WAR OR DATES) ADDRESS 1/5, NO. QRUNKNOWN) 1/19 YES, GIVE WAR OR DATES)	
₹ ####0 /	1	(YES, NO, GRUNKNOWN) (IF YES, GIVE WAR OR DATES)	12 /2 /7 F
BALT URS A S. GIV WITH PAGI	-	18. CAUSE OF DEATH (Enter anly ane couse per line far (o), (b), and (c).)	APPRICIA MATE INTERVAL
PRESTON ST., B VITHIN 24 HOUR CILL IN ITEM 18. NER ALONG W ANSIT PERMIT. I AL HYGIENE, D		PART I DEATH WAS CAUSED BY:	BEAM IN ONSET AND DEATH
ON SI 24 H ITEM LONG PERM GIENE		429 IMMEDIATE CAUSE (a) Attended (b) DUE TO, OR AS A CONSEQUENCE OF	Luste
R A EST		Conditions, if ony, which	, ind
WITH VCIL II		gove rise to immediate (b)	
ED VEN		cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
EXECUTED VG" IN PEI		(c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
E E E E E E E E E E E E E E E E E E E	0 N		
TAL REPORTS	7 8	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
SHO SHO	CERTIFICATION		YES NO NO
P F F F F F F F F F F F F F F F F F F F	ĕ	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	
ON OF THE WATOULD THE WARTMEN	A	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF S CERTIFICATE NTING THE W ROED TO THE ROED TO THE E DEPARTMED PRIOR TO BU	MEDICAL	216 INJURY OCCURRED . 21e PLACE OF INJURY (ATHOME, 21f, LOCATION	
S CE RITH RDE SE 3 E DIE DI PR	X		Y STATE
DIVISION OF VITA FR. THIS CERTIFICATE SHE ORWARDED TO THE CH ORWARDED TO THE CH ER. PAGE 3 SHOULD THE ER. STATE DEPARTMENT OF		AT WORK AT WORK	
FOR STE		220. I certify that I took about of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apini	an
EXAMINER: CERTIFICATE ULD BE FOR WIRECTOR: WARYLAND, 2		death resulted from June Lauren Accident , Suicide , Homicide , Undetermined manner ,	
XX ERT ERT WIT RYL		TITLE (SPECIFY)	
CALE THE SHOU RAL E, MA		SIGNATURE M.D. PARTY SIGNED MEDICAL EXAMINER SIGNED	Maler
MEDICAL OUE THE SHE SHE FUNERAL FROEFTH ORE, A	1		1.4
MEDICAL EXAMINER: 1 HEUJE THE CERTIFICATE, SHOULD BE FORW, DIRECTOR: PORTER DIRECTOR: PORTER DIRECTOR: PORTER DIRECTOR: MARYLAND, 21	1	TYPE OR PRINT	
PAGE TO	23a.	ADDRESS AT THE STATE OF THE STA	
DD.	IA	TYORTOWN GOUNTY	A A STATE
BP	24. F	FUNERAL DIRECTOR 1 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR'S SIG	171/7/10
DHMH - 17 (VR A15 ME (5))		CHAME, E. HICKS INFORESS HINA DOLLS - MOLINE REGISTRAR SSIGN	NATURE
15M 7/77		AN 71983 70-6. 9	C A

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

11 . 0

REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Marie 1982 Rosina Morgan December 31, 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1898 Caucasian 84 Female Jan. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Baxxxxxxxx County, 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Midfield Linthicum Road Home 136 COUNTY A. A. 136 CITY OR TOWN

XBAKKINKOKK Linthicum 130. STREET ADDRESS 103 S. Midfield Rd. 21090 13d. INSIDE CITY LIMITS? NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Caroline Dreschler Lerch Frederick ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

NO	N/A	1215-18-7497	Elleen L.	Behringer	Same a	s #13
		e per line for (a), (b), and (c).	c A	RREST.	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
3949 Conditions, if chy,	DUE T	O, OR AS A CONSEQUENCE OF b) CON & CALLER	e Heart	Failene	, 3	O mersely
gave rise to imm cause (a), stating underlying cause	ediote)	O, OR AS A CONSEQUENCE OF				
		NS CONTRIBUTING TO DEATH BUT		IN Fresh		
190 DATE OF OPERAT	ION 196 C	ONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	NO CERTIFYING CAUS	DINGS USED SES OF DEATH? NO
OR CONTRIBUTING C	11011	ME OF INJURY R. A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCL	JRRED (ENTER NATURE OF INJURY I	NITEM 18 PART 1 OR PART	2)

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE

211 LOCATION

CITY OR TOWN

Baltimore

COUNTY

STATE

22a I certify that (1) (this hospital) attended the deceased from opinion death occurred on the date and hour and from the causes stated

22e ADDRESS

DEGREE

DIRECTOR PHYSICIAN

22c. DATE SIGNED

Burial

230 BURIAL CREMATION, REMOVAL

STATE

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Western Cemetery

23d. LOCATION

STATE

24 FUNERAL DIRECTOR

Maryland

MacNabb Funeral Home, Catonsville,

DHMH - 16 50M 1/81 (VRA 15, 4)

of the property of the same FOR SECTION OF THE PROPERTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Nicholas 29 1982 Car] Mueller 4 RACE 3 SEX DATE OF BIRTH IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS. DATE 24 HOUR 25 YEAR LAST BIRTHDAY) PRONOUNCED 17 Male 11 03 79 DEAD 1982 Cau. 29 D.M 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRYL Md. U.S.A. Anne Arundel County. DIVORCED 18 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) Glen Burnie North Arundel Hospital Printing Retired USUAL RESIDENCE (IF IN NURSING 13a. STATE Balto. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. 9600 Labrador Lane 21030 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST John Mueller Catherine Mahlstade 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS Labrador (YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATES! 215-01-7902 Helen B. Mueller 9600 no Lane 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ACING TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PENM AFIER DÉATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL Multiple Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES IX NO [] 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2] UNDERLYING AOR HOUR AM MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 12:30P.M. 12 29 driver in auto/tractor trailer impact 1982 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) 3 near Rt. 175. Anne Arundel Co., road Autopsy XX 220. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinion death resulted from Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 12-30-82 EXAMINER'S NAME Dennis F. Smyth. M.D. III Penn Street TYPE OR PRINT 236 BURIAL, CREMATION, REMOVAL 236 DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 1-3-83 Burial Balto. Md. Immanuel Cem. BP 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** JAN John C. Miller Inc. (VR A15 ME (5)) 6415 Belair Rd 20M 4/B2

4 8	li	#14,15,FilmG575 1/18/83 kam STATE OF MARYLAND FOR STATE REGISTRAR #14,15,FilmG575 1/18/83 kam STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	0 3 8 6
eoth. Page 4 moy be merid director, page 3 m 72 sector	3. SI	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH O. MORY A. MULLARY 12-09	3-80 L-PM FUNDER I YEAR IF UNDER 24 HRS DN'TH'S DATS HOURS MIN.
hin 24 hours offer a should be filled in by the fushould be filled with the fush out the notified the filled with the filled w	USU 13a	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION JIE NOT INSUCH FACILITY, GIVE STREET ADDRESS) UAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. INSIDE CITY LIMITS? 136. STREET ADDRESS YES NO 15 MOTHER'S MAIDEN NAME	Stane Dr
BALTIMORE, MARYLA ote be executed within spers. Poges 1 and 2 sh vol. t. the medical examiner		WAS DECEASED EVER IN U.S. ARMED FORCES? IGHS SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2/17-52-2585 Margaret Mullady 1638 Cherry:	Doyle stone Dr. Mayo
201 W. PRESTON ST., es that the death certific ned by the attending phy please remove corbon pourial, cremotion, or remo v, or other troumotic even	TION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVES	La a de la fact
VISION OF VITAL RI G PHYSICIAN: The Ic strending physicion. er this certificate has the buriok-transit per and Mental Hygiene. ked or Item 18 shows	MEDICAL CERTIFICATION	The Accident was underlying 216. TIME OF INJURY 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PAR	
HOSPITAL OR ATTENDING by the hospirol or FUNERAL DIRECTOR. A vid be detoched for use the Store Dept. of Heol ORTANT: If them 21 is m		27a. I certify that (1) this haspital) attended the deceased from 19 odd that in (my) our) opinion death occurred on the date and hour obove. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	and from the couses stated 22c. DATE SIGNED 127 127 127 127 127 127 127 127 127 127
BP	24 F	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN BURIAL 12/10/82 Arlington National Cemetery Arlington Properties of Computer Propert	COUNTY STATE CON VA. AR'S SIGNATURE

43 C 80 C Masy A Mallest Fenoles ! YHASH TOCK LUCKS IN A MUST A DURANT Charges & The French Color of the Color of t Maye qn: 10.38 Charles State De

7	1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY ICATE OF DEATH	GIENE Ö	REG. NO.	3 0 3	0 /
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1	SEX	M	4. RACE	/	5. DATE O	of BIRTH	6. AGE (IN YEAR	7 YR		IF UNDER 24 HRS
20	C	THPLACE (STATE OR FOREIGN DUNTRY) Md.	U.S.A		MARRIE		Ann A	rundel	NTY OF DEATH	MD.
\$3	A	yor town of death nnapolis	Anne A	ch facility, give stre rundel G	eneral	Hospital		CUPATION OR MOST OF WORKIN Salesma	NG LIFE) INDUSTRY	of Business or
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roumatic		2762 Conditions, if ony, which	DUE TO, C	R AS A CONSEQ	UENCE OF ETAR	OCIC ACI	DOSIS		16	Res
or other to		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	R AS A CONSEO	~ 1	DLEMIC S	HOCK		10	ars.
× ×		PART 2. OTHER SIGNIFICANT	USPEC	TED A	BDom	NOT RELATED TO THE TER		NEURY	SM	
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5	5	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITEM	18 PART) OR PART 2)	
morked or	WED.	WHILE OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	E FARM, ETC }	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
of He 21 is		220.1 certify that (1) this hosp sow the deceased alive of above (1) (we) (did) (did no			0	d that in (our) apinion	n death occurred	an the date and	hour and from the	that (1) (we) last couses stated
LT: If Item	1	226. SIGNATURE	PMO	thoux	2 /	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	224 DATE	SIGNED . 18, 198
with the State I		22d PHYSICIAN'S NAME THE	R. MA	THANS	SON	1458 AC	PENSE	Hwy.	GAMBRI	us MM
≥ ≤	(5	JRIAL, CREMATION, REMOVA PECIFY) Cremation	1236. DATE			emetery or crematory	y Suit	land 1	P.G. Co.	STATE Md.
		NERAL DIRECTOR Lfenbein-Hubba	ard Fune	ral Home	P.A.				GISTRAR'S SIGNAT	ure

ALFRED S. TH. NEELY 12 18 12 E PI 07 CO 23 69 to the second of the second of

C. Patapsco Ave.

TE REC'D BY REGISTRAR 25h. REGISTRAR'S SIG

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

Mo ully Funeral Homes

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR Dorothy I. DECEASED NAME TRAILLIE WOVAK 20. DATE KNOWN 26. HOUR (TYPE OR PRINT) OF ESTI-Zorla IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED Jan w To BIRTHPLACE ISTANCE 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED -EVER MARRIED USA WIDOWED X DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION TROSSE WWY FE DA STATED RIVERIA Bch 13d INSIDE CITY LIMITS 13e. STREET AD Church Rd. 136. COUNTY AA 14: FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sallie Charles B. Tauber (unknown) ADDRESS Pasadena, MD 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214/54/7576 NO Joyce M. Dreer (grand niece) XXXXXXX II. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise ta immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO W 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH III. LOCATION 21e PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Suicide Homicide ___ Undetermined monner deoth resulted from: Accident TITLE (SPECIFY) 12-13.52 EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Glen Haven Mem Pk. Glen Burnie Burial Dec 82 MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE **DHMH-17** Funeral Home, Glen Burnie, MD (VR A15 ME (5)) 15M 2/80

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inding physician and completely filled in by carbanpapers. Pages 1 and 2 should be file

injury, ar ather traumatic event, the

should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal

MPORTANT: If Item 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR

Beall Funeral

Home

West

St., Anna.,

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

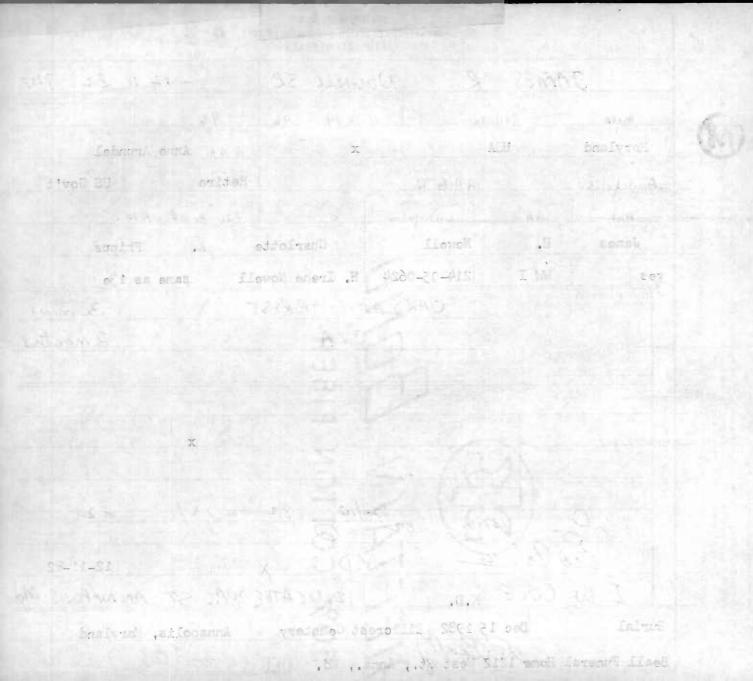
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REGISTRAR		CER	IIIICATE OF DEATH	REG. N	10.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	.00	MIDDLE	LAST	20 DATE OF DEATH		EAR 26 HOUR
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male	Cauca	sian	6-14-96	96	YRS.	
Je. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY? 8. MAR	RIED NEVER MARRIED		OR COUNTY OF DEAT	
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Annabolis	(IF NOT IN SL	HOSPITAL, NURSING HOM ICH FACILITY, GIVE STREET ADDRESS) AAGA		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Retire	OF WORKING LIFE) INDUS	IND OF BUSINESS OR STRY Gov't
130 STATE 13b CO	or other institution UNTY 4 A	13c. CITY OR TOWN Annabelia	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 920 Bouc		
14 FATHER'S NAME	MIDDLE	0	15. MOTHER'S MAIDEN NA	AME	10011	5.
James H	•	Nowell	Charlott	MIDDLE A.	Phipps	LAST 5
160. WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECURITY NO). 17 INFORMANT	ADDR		a Property
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18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE IMMEDI	only one cause pe SED BY: ATE CAUSE (a)	cardine for late (b) and (c)	AC ARRES	ST		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	198 CONE	DITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY? YES NO NO	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH? NO
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OR CONTRIBUTING CAUSE OF E IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE	OF INJURY REET FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION	CITY OR TO	OWN COUNT	TY STATE
22a I certify that (1) this has	pital) attended	he deceased from 1:	and that I (my) (our) opinion	death occurred on the d	11 19 8	that (I) (we) last
22h SIGNATURE	of view the Book	ultim death.	DEGREE ATTENDING	MEDICAL STA	22c. C	DATE SIGNED
22d PHYSICIAN'S NAME LIVE			PHYSICIAN)	DIRECTOR PHYSIC	CIAN 12	2-11-82
E.W. C		M.D.	121 CATH	EDRAL S	T AN NI	4POUS Md
230 BURIAL, CREMATION, REMOVA Burial	Dec 15		est Cemetery	23d. LOCATION CITY OF TOWN Annapol	Lis. Maryla	STATE

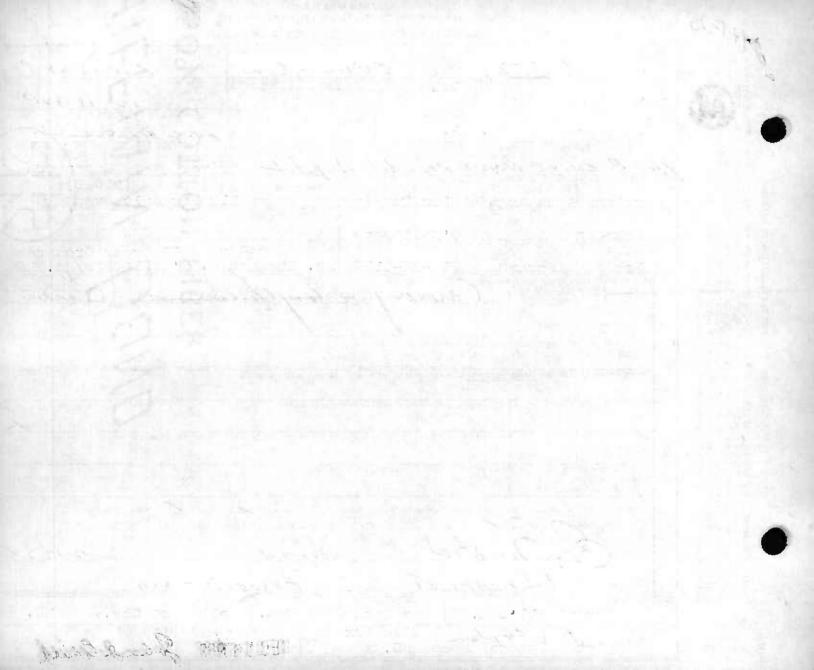
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ORE, MD. DEATH, IS GES. 1. 2. OF MEAL		Unkno	own	MIDDLE	O Ca	11agh	an	5. MOTHE FII 7. INFORM	R'S MAIDEN		N K I	NOW		LAST	
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PACE 4 SHOULD BE FORF AFTER ICEATH, WITH THE SE BALTIMORE, MARYLAND,		death resulte ACTUAL SIGNATURL EXAMINER'S I (TYPE OR PRIN	NAME E	Day.	Accident AND INRD	O, Svi		Hamici TITLE (SF	PECIFY) HY HY HY HY HY HY HY HY HY	Undeterm MEDICA	ined manner		my apinio	12.13	.82
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30'Dec.82

Singleton Funeral Home

Security Proc.

ADDRESG1en Burnie

Inc.

Catonsville.

25a, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

MIDDLE

FOR

REGISTRAR

Cremation

24 FUNERAL DIRECTO

BP

DHMH - 16 50M 4/82

(VRA 15, 4)

FIRST

DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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APPROXIMATE INTERVAL

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COUNTY

22c. DATE SIGNED

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20. DATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS I ATE, WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 31 OT THE FROWARDED TO THE THE MEDICAL EXAMINERS ALONG WITH FORM PM. 3. RETAIN PAGE 18. R. PAGE 3 SHOULD BE USED AS A BURRAL. TRANSIT PERMIT PAGE 3 HOULD BE USED AS A BURRAL. TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED. HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 WUD. 2, 1201 PRIOR TO BURRAL, CREMATION, OR REMOVAL.		No				Owe	w B. t	LEDY A	UNAppli	2140	3
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PAET PAET	23g.B	URIAL, CREMATIO	N, REMOVAL 23	DAJE / 2	31. NAME OF CEN	ETERY OR CREMATO	ORY 23/1	OCATION Y OR TOWN	1.10	11	
ВР	1	SURIA	4	2/13/82	pt. 171	RUS	4	UNApolis	411	PD	
DHMH - 17	24. FI	UNERAL DIRECTO	R	1 habous 1	1	1. 1.	250. DATE REC'D.	BY REGISTEAR 256 P	EGISTRAR'S SIGN	ATURE	,
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24 FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie, MD

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

MARYLAND 21201

DIVISION OF VITAL RECORDS,



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. N	10.					
E OF	DEATH	MONTH	OAY	YEAI	R	2b. HOUR	

1	1.	- STATE REGISTRAR				CERTII	FICATE OF DEATH	REG. N	0.				
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	OAY	YEAR	2b. HO	UR
			FRANK	LIN		R	ANDALL		12	100	82		М
	I. SE			4 RACE BLACK		S. DATE	OF BIRTH TOTAL YEAR 2	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	HOURS	R 24 HRS
6		RTHPLACE (STATE O	DR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CITY O		OUN T			MD.
0		ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET. COTOR Park	IG HOME	OR OTHER INSTITUTION	12d USUAL OCCUPATION OF WORK FOR MOST OF	ON '	12b.	-	F BUSIN	
5	USU 13a.	AL RESIDENCE IN NU STATE ARYLAND	13b. COUI	YTY	GIVE RESIDENCE BEFORE 131. CITY OR TOW ANNAPOLI		13d. INSIDE CITY LIMITS? YES NO [13. STREET APPRESS 108 Victor	r Par	kway			
1	14 F/	ATHER'S NAME FIRST LOUIS		MIDDLE	RAN DAI	D-000	15. MOTHER'S MAIDEN NAMERS IN THE SECOND SEC	WIDDLE		ERGO	LAS	T	
		WAS DECEASED EVE		MED FORCES?	219-16-0		17 INFORMANT HARRIETT RAND	ADDRE ALL 108 Vic		Anna Fark	poli way	s, l	Md.
	z	Conditions, if an gove rise to in cause (a), stotunderlying cou	mmediate ting the se lost.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION G	IVEN IN F	PART No		
7	CERTIFICATION	19a DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE			TH?
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	MEDICAL	216. INJURY OCCU	WHILE	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn	COL	YTML		STATE
		sow the deced	sed alive on		e deceosed from		nd that in (my) (our) opinion o	, to death occurred on the de		, 19 our and fr			
		The Signature	Dota		Sar	1		MEDICAL STAI DIRECTOR PHYSIC	FIAN	220	. DATE	SIGNED	
1		226. PHYSICIAN	NAME ITHE	SI PHIND			22e. ADDRESS						
		BURIAL, CREMATION	N, REMOVAL	236. DATE 12-30-		TAME OF	CEMETERY OR CREMATORY REST CEMETERY	236. LOCATION CITY OF TOWN Annapol 1	ls -A	COUNT		ryl, aı	STATE nd

DHMH - 16 50M 4/82

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked at Item 18 shows any injury, or other traumatic event, the medical

24. FUNERAL DIRECTOR
WILLIAM REF (VRA 15, 4)

FOR

Annapolismes Md. SONS MORTUARY, P.A

250. DEL 20082 256. RESISTRAR'S SIGNATURE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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A AMMAN A SECTION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-Nelson DEATH MATED Douglas 1987 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE BIRTHDAY) PRONOUNCED 11:39 Male White 1982 28 DEAD 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Anne Arundel County, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Sod Co. Self Employed Annapolis Anne Arundel General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 30 STATE OUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS
7226 Windsor Lane Hvattsville 20782 Prince Geo. YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Nelson S. Helen MIDDLE Rawlev Joyce Knapp 166 SOCIAL SECURITY NO 17 INFORMANT 4226 Windsor Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION 215 72 1637 Mrs. Kyle S. Rawley Hyattsville, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning and Hypothermia IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to E 3 SHOULD BE USED A DEPARTMENT OF HEA DI PRIOR TO BURIAL, C 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 716 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR XXX MONTH DAY YEAR Submerged in cold water when boat sank 2819 82 21d. INJURY OCCURRED THE PLACE OF INILIRY 21L LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFIER DEATH, WITH THE STATE BALTIMORE, MARIDAND, 2120 water South River Co.. Md. 22a. I certify that I taak charge of the remains described above, held an and in my apinian Accident X death resulted fram: Natural causes Undetermined monner TITLE (SPECIFY) DATE 12/29/82 Assistant MEDICAL EXAMINER SKINATURE EXAMINER'S NAME Ann M. Dixon, M.D. III Penn St. Balto. MD. TYPE OR PRINT 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland Brentwood 12/31/82 Ft. Lincoln Cemetery Burial BP 750, REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home. P.A. Hyattsville, Maryland VR A15 ME (5)) 20M 4/82

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	TYPE OR PRINT)	VIE.		I oo	2	20. DATE KNOWN OF ESTI- DEATH MATED	
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5 130 130	STATE 1d. 2074	E (IF IN NURSING III) O Pri	OR OTHER INSTITUTION, G UNITY INCE GEO.	13c. CITY OR TOWN College Park	13d. INSIDE CITY LIMITS? 13	4624 Knox Ro	ad Apt 3
2 14	FATHER'S NAM		MIDDLE S.	Rawley	15. MOTHER'S MAIDEN HEIEN	Joyce	Knapp
160	(YES, NO, OR UNKN	ED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY NO. 215 72 1638	Nelson S. F	4645RE Rawley Colle	Knox Road
	gave cause (lying co	rise to immedia a) stating the <u>und</u> ause last.	(b) DUE TO, OR (c)	R AS A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PART	1.0	
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7	21d. INJURY	OCCURRED NOT WHILE		TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY ST.
1	AT WORK	AT WORK		water IS	outh River		A.A.Co., M
13 S	AT WORK	rtify that I took ch		scribed above, held an Autocident Suicide	outh River opsy X, Inspection Homicide I, IITLE (SPECIFY) M.D. Assistant	Undetermined manner	A.A.Co., M and in my apinian], DATE SIGNED 12/29/82
5 2 2	220 I cer death resu	rtify that I took ch	orge of the remains de	scribed above, held an Autocident Suicide	Homicide, TITLE (SPECIFY) M.D. Assistant	Undetermined manner MEDICAL EXAMINER	and in my apinian DATE 10.400.400
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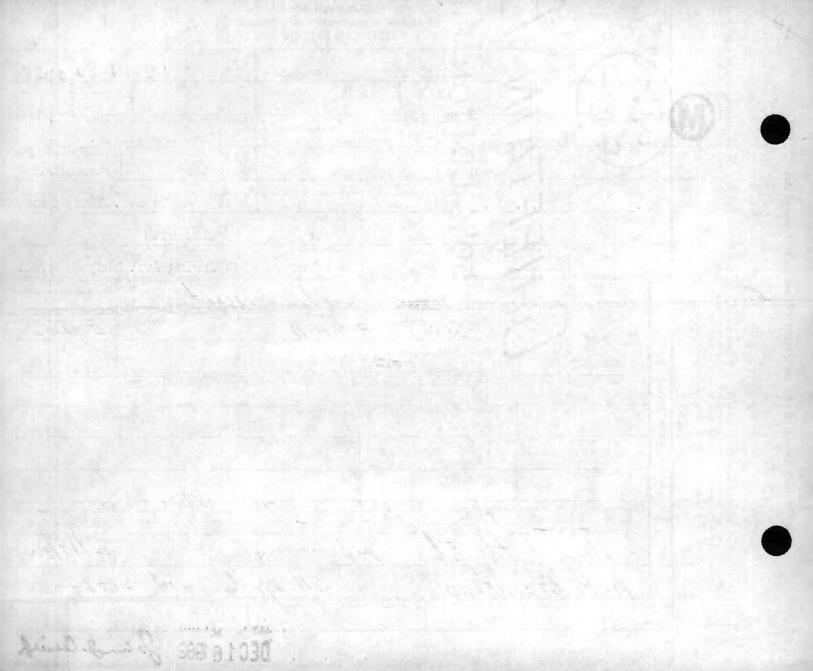
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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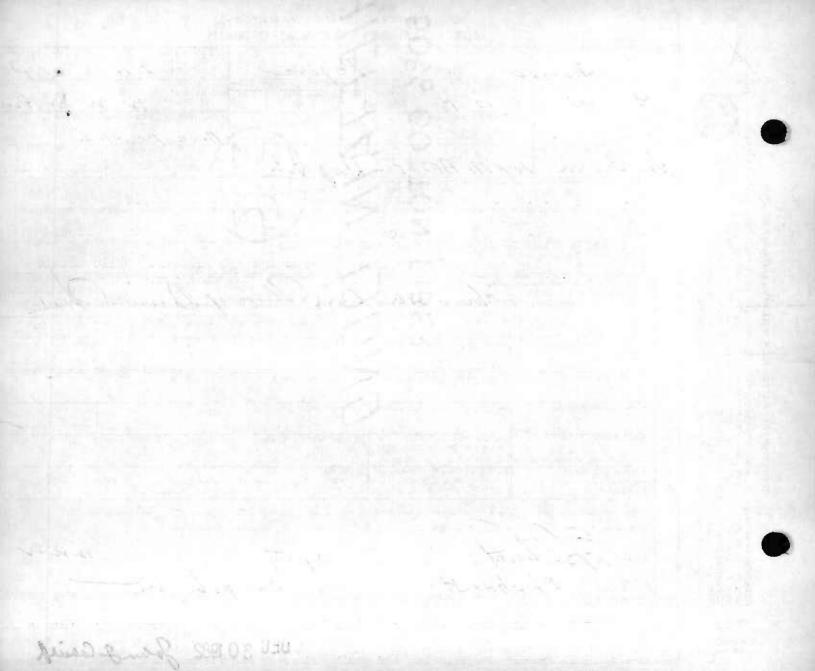
		STATE OF MARYLAND	
\	0/15	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 0 6 3 2	3
1	. 7	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	. m.s	I. DECEASED NAME PRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	
	y be	1 heodora h. Klage/V 12 4 82 12:10 A	M
	There are	3. SEX 4. RACE 5. DATE OF SIRTH DAY LEAR LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR	-
n e	- 1	Pemale While 2 / 1909 /3 YRS.	
		16. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH	
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	ofter the fid with distriction	10. CITY OF TOWN OF DEATH, 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 170. KIND OF BUSINESS OF WORK FOR MOST OF WORKING LIFE) 110. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH SCILITY, GIVE STREET ADDRESS)	OR
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3	that id by lease ial, cr	underlying couse lost.	
5, 20	gnec gnec n ple burity, o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101	
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A		YES NO YES NO 1	
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N N	PHYSICIAL ending ph this certifie e burial-tr ad Mental I	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	
DIVISION OF		WHILE NOT WHILE AT WORK AT WORK AT WORK	
10	ENDING Pool or atter to the second or atter to the second the Health and is marked	220.1 certify that (1) (this has the other of the deceased from 19, 19, to 12, that (1) (we) I	lost
	H = 20 + 2	sow the decoded clive on 1992 and that in (my (our)opinion death occurred on the date and hour and from the causes stated	
	R A hos	obove, (I) (we) did) (did not) view the body ofter death. 226. DATE SIGNED 226. DATE SIGNED	_
	Y the H Y the H KAL DIR detacher detacher Note Dep	MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/4/82	
	d by NER	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	
	TO HOSPITAL OF TO FUNERAL DISHOLD BE DETO WITH THE STORE DIMPORTANT: If	LIEUGE (1) AMARAS 205 KLOCKEY AVE- MURDOCK,	128)
	7 5 5 4 3 € T	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 38. LOCATION CONTY STAR	=
	BP	Qurial Dec 8 1982 Hillcrest Hnhapolis A.H. MD)
	DHMH - 16 50M 7/77 (VR A 15 (4))	21 FUNERAL BIRECTOR ADDRESS ADDRESS AND ALE RECID. BY REGISTRAR SSIGNATURES ADDRESS AND ALE RECID. BY REGISTRAR SSIGNATURES	
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STATE OF MARYLAND



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	M	w	MONTH DAY	YEAR LAST BIRTH	DAY)	BAYS ROURS	PRONOU!	NCED	26 1852	P	
19	BIRTHPLACE (51) FOREIGN COUNTRY) Baltimo		76. CITIZEN OF WE		8. MARRIE	ED NEVER MARK	RIED 9 BALTIN	-	OUNTY OF DEATH	,	
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	UAL RESIDENCE (STATE Md •	IF IN NURSING HOME OF 13b. COUNT A . A	CO.	130. CITY OR TOWN Crownsvi		134. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRE	Box 957			
14.	FATHER'S NAME Thomas	P	MIDDLE	Rogers		15. MOTHER'S MAID FIRST Minnie	N	MODLE	Pippig		
160	WAS DECEASED	EVER IN U.S. ARM	MED FORCES? VAR OR DATES)	16b. SOCIAL SECURI 214-18-95		Roy Roger	s 120 Pat	address uxent Mol	bile Estațe		
14.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOPSY?		
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230	BURIAL, CREMAT	ION, REMOVAL 23	1/3/83	23c. NAME OF C	EMETERY OF	RCREMATORY	23d. LOCATION CITY OR TOWN	/	Md. A.A.Co		
100	FUNERAL DIREC	TOR	ADDRESS			25e. DATE	REC'D. BY REGISTRA			•	



4	1-	STATE REGISTRAR	3		DEPART		EALTH AND M			REG. NO.	0 0	E.S.T.
6. .		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		20. DATE OF DI			Δ
noy be page 3 er deoth			CHARLE		LIFFORD		JSSELL,	SR.	DECEME		1982	4:36 M
Poge 4 mc	3. SEX	Male		RACE Whit	e	5. DATE O	DAY	1911	6. AGE (IN YEAR		MONTHS DA	
13211		RTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	NEVER M		9 BALTIMORE		JNTY OF DEATH	
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ond 2 s		THER'S NAME FIRST	~	NIDDLE	Russel	1	15. MOTHER'S	IRST		AIDDLE V	Sh	orter
dicot	16a. V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	VT.		ADDRESS		
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e buriol-tr d Mentol	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE	RED	P., 21e, PLACE	м.	19	21f. LOCATION	N	C	ITY OR TOWN	COUNTY	STATE
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TO FUNERAL I should be deto with the State [IMPORTANT: If	23a. E	22d. PHYSICIAN'S NA	ORK	23b. DATE	15 2301	NAME OF C	22e ADDRESS 500 EM	PIRE T		7300 RI	TCHIE H	IGHWAY
		Burial	1.1	4 Dec	1982 La	ke Vi	ew Mem.		Sykes	ville		Maryland
- 16 50M 4/B2 /RA 15, 4)	24. FU	JAMES S.	Kirkl	ley, Gle	en Burnie	, MD		DE(REC'D. BY REG	82 25b. BE	GISTRAR'S SIGN	Cancel

STATE OF MARYLAND

CARLES CLIPTUD RUSSELL, SR. DECHEER 1, 1982 4:36 A VALUE OF THE PARTY PRODUCT OF THE PARTY OF T SIG BEFRE TOWERS, 7300 RITCHIE HIGHERY and the second of the second of the second

STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLA EALTH AND N ICATE OF D	MENTAL HYGI	IENE 8	2 REG. NO.	3	0	6	0 /
		CEASED NAME FIRS		Elizabeth		edivy		20. DATE OF	DEATH MC	ONTH D	& Z	2b	HOURD 5
	1.56)	F	1 RACE	,	S. DATE C		82	6. AGE (IN YE	ARS LAST BIRTHD	_	IF UNDER 1 YE		INDER 24 HRS
35		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	SA SA	MARRIEI WIDOWE	D NEVER M	ARRIED O	2 BALTIMOR	WE CITY OR	COUNTY	OF DEATH	_	Z MD.
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36	13a S	ALRESIDENCE (# NUR. NOTATE)	er ca contra restitution QUNITY A . A	131. CITY OR TOWN		13d INSIDE CI	TY LIMITS?	13e STREET A	DDRESS Eton 1	Jose	Const		M.a.
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	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK		OF INJURY TREET, FACTORY OFFICE, FA	RM ETC)	211 LOCATIO STREET	Ν		CITY OR TOWN		COUNTY		STATE
		22a I certify that (I) (this I saw the deceased alivebove, (I) (we) (did) (did)	e an	19		d that in (my) (aur) opinian d	, to eoth accurred	an the date				(†) (we) lost es stated
		27h SIGNATURE	line	Kelly	W	Р	İTENDING HYSICIAN 📮	MEDICAL DIRECTOR	STAFF PHYSICIAI	и	1 Z	TE SIGN	1/82
1	1	ZZE PHYSICIAN'S MAME (YPE OR PRINT)	,)	22e ADDRESS	-		, /		D	1	

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TO FUNERAL DIRECTOR, After this certificate has should be deteched for use or the borioditionist per with the Stote Dept. of Health and Mental Hypone ;

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION REMOVAL CREMATION 24 FUNERAL DIRECTOR

23b DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

STATE

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ATORY Baltimare

COUNTY

DESCRIPTION

COUNTY

ATORY

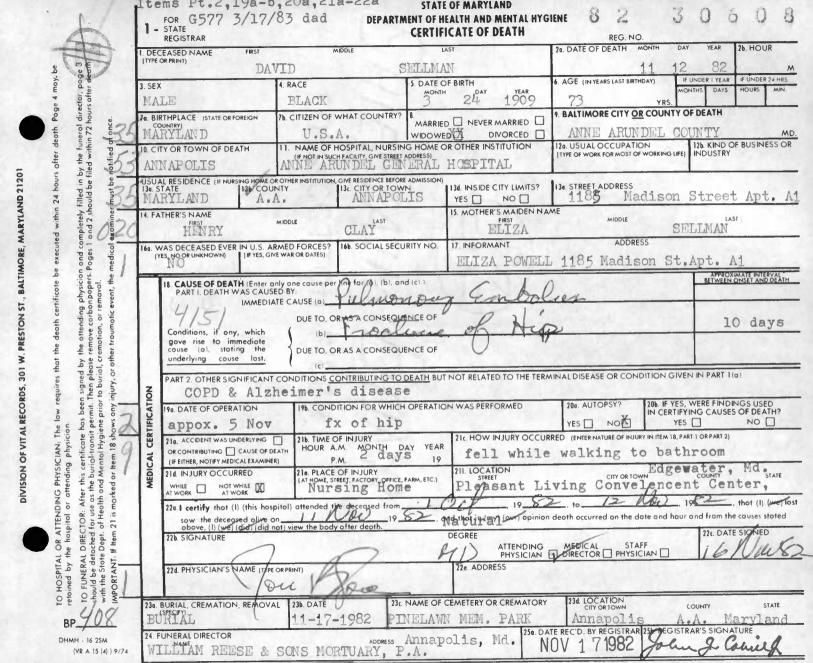
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20M 4/B2

	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 3 0 6 1 REG. NO. E
		CEASED NAME FIRST E OR PRINT)	WIDDLE	LAST	2a. DATE OF DEATH MONTH DAY YEAR 2b. HOU
		VIOLET		SHINNICK	DECEMBER 21, 1982 9:2
	3. SE.		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER MONTHS DAYS HOURS
		Female	White	Feb. 26, 1895	87 _{YRS.}
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL COUNTY ANNE ARUNDEL COUNTY
\$54	GI	LEN BURNIE	NORTH ARUND	EL HOSPITAL	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE HOUSEhold
35	13a. S	STATE 13b. COU	PROTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 130. CITY OR TOV AACO. Glen Bu	VN \$13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 407 H Secluded Post Circle
20	14 FA	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME LAST Hudson
0 1		Frank WAS DECEASED EVER IN U.S. A		WRITY NO. 17 INFORMANT	ADDRESS
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ther frauma		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU		
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James S. Kirkley, Glen Burnie, MD

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DHMH - 16 50M 1/81

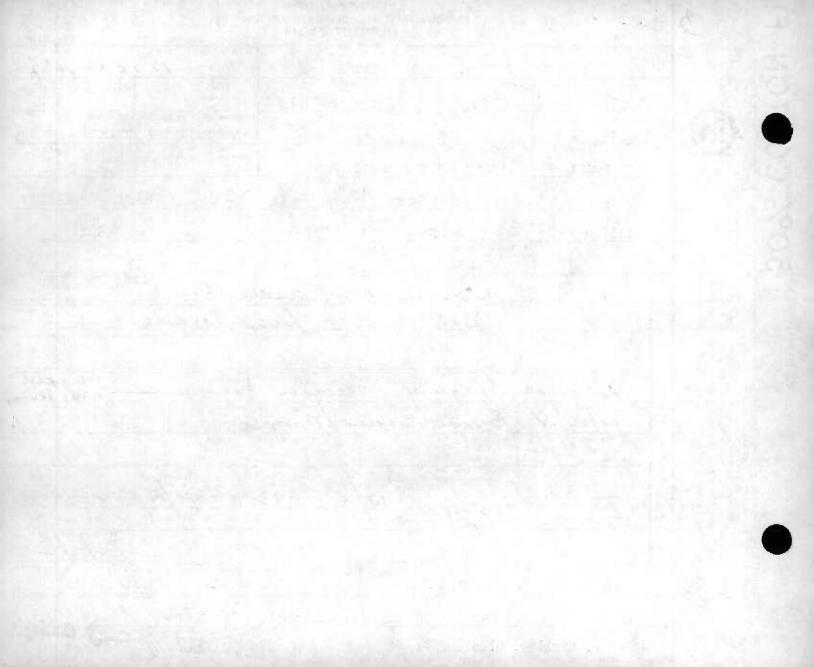
(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



BALTO., MD

6010 REISTERSTOWN RD.

21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

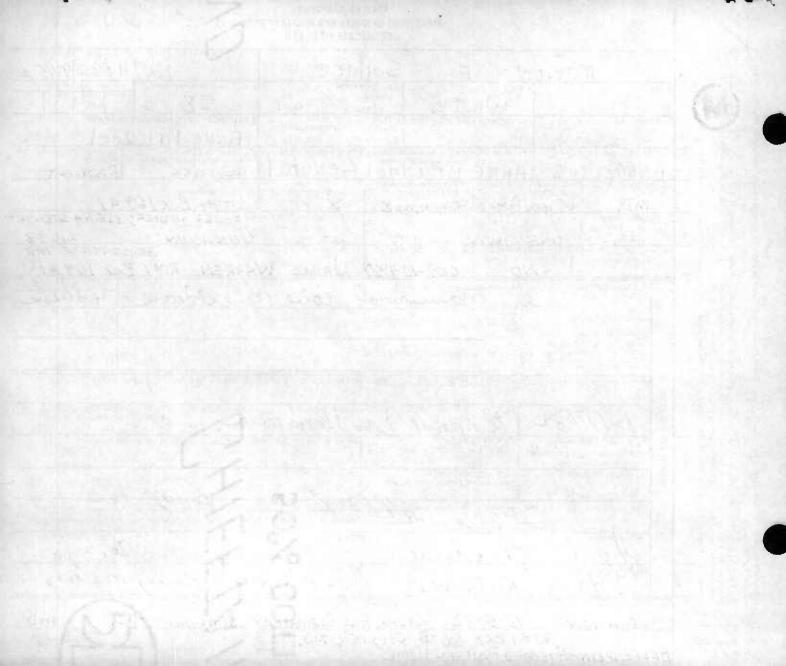
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1/	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYC	
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h 3 be	(TYPE OR PRINT) Maria	IN E. Sollace	12/4/829:45 AM
4 mg	3. SEX	4. RACE 5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	Temale 7a. BIRTHPLACE (STATE OR FOREIGN	White Aug. 22, 1924	9. BALTIMORE CITY OR COUNTY OF DEATH
Beath. P	COUNTRY)	USA WIDOWED DIVORCED	ANNE Arundel MD
er de	New York 10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACALTY, GIVE STREET ADDRESS)	12a, USUAL OCCUPATION 12b, KIND OF BUSINESS OR
E C E E E E E E E E E E E E E E E E E E	ANNapolis	AMME Arundel General	WAITRESS RESTRUBANT
D 21;	13a. STATE 13b COL	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY LIMITS?	130. STREET ADDRESS
rLAN thin 2 shou	M.D. GUE	EN HANE'S GRASONVILLE YES NO 1	ME FOSTER MOTHER LEVEINA STEWART
MARYL ed within	FIRST	MIDDLE LAST FIRST KNOWN Stewart Lenora	UNKNOUN 21638
5 0-	160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS GRASONVILLE MD
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physici proper moval.	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), and (c).) ED BY: (Ale /	APPROXIMATE INTERVAL BETWEEN ASET AND DEATH 4 AGUS
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NG PHYSICIAN: The low requirent of the following physician. After this certificate has been signs of the burial-transit permit. They have a Mental Hygiene prior to the and t	19a DATE OF OPERATION 172 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
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R ATTEN hospital RECTOR: hed for us spt. of He	saw the deceased alive a above, (I) (we) (did) (did r	n 19 , and that in (my) (our) opinion lot) view the body after death.	death occurred on the date and hour and from the causes stated
0 0 0 0 0	22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF 220. DATE SIGNED
HOSPITAL ned by th FUNERAL Juld be dete the State	276 PHYSICIAN'S NAME (TYPE	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN DECT 18
	TACK	Kushner Zo Rilgo	214 - Avepilis, 40
sho of with	230 BURIAL, CREMATION, REMOVA		23d. LOCATION CITY OR TOWN COUNTY STATE
BP	CREMATION	12-5-82 CEDAR HILL CREMATOR	Y SUITHAND P.G. MD
DHMH - 16 50M 4/82	24. FUNERAL DIRECTOR R	T# 1 BOX COGORS CHESTER MD, 250 CA	TERECO. BY REGISTRAR 256 REGISTRAR'S TON CHIEFE
(VRA 15, 4)	MELFENBEIN-HUB	BARD FUNERAL HOME	

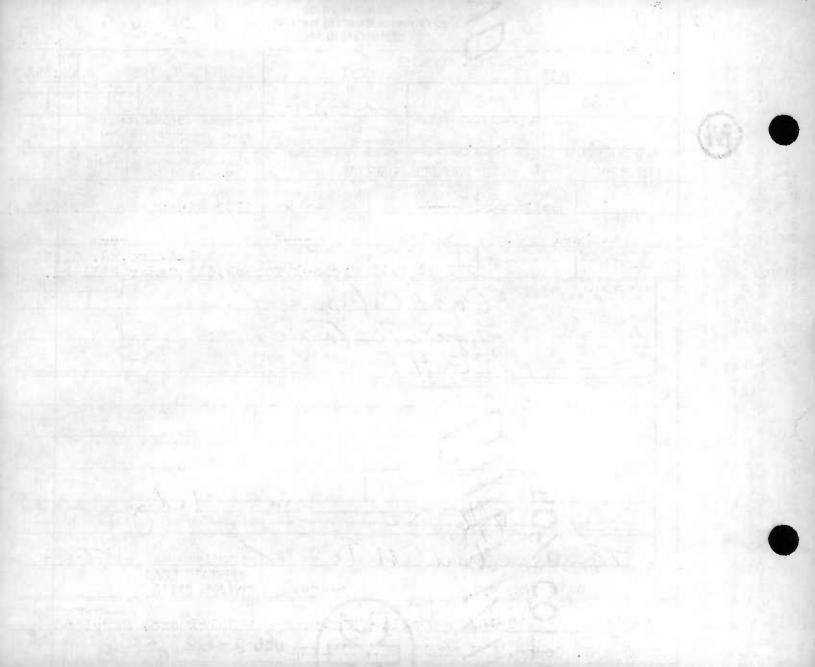


SONS MORTUARY, P.A.

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(VRA 15. 4)

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9			22a. I certify that (I) (this haspit saw the deceased alive on	tal) attended the deceased from	, and that in (my) (our) opin	pion death accurred on the	date and hour a		hot (1) (we) lost
P tI ∀	DIRECTOR oched for u Dept. of He f hem 21 is		obove, (1) (we) (did) (did not 22b. SIGNATURE	t) view the body ofter death.	DEGREE	mon death accorded on the	dote ond hoor o	22c. DATE S	
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5.	Show that	23a. I	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION		· · · · · · ·	
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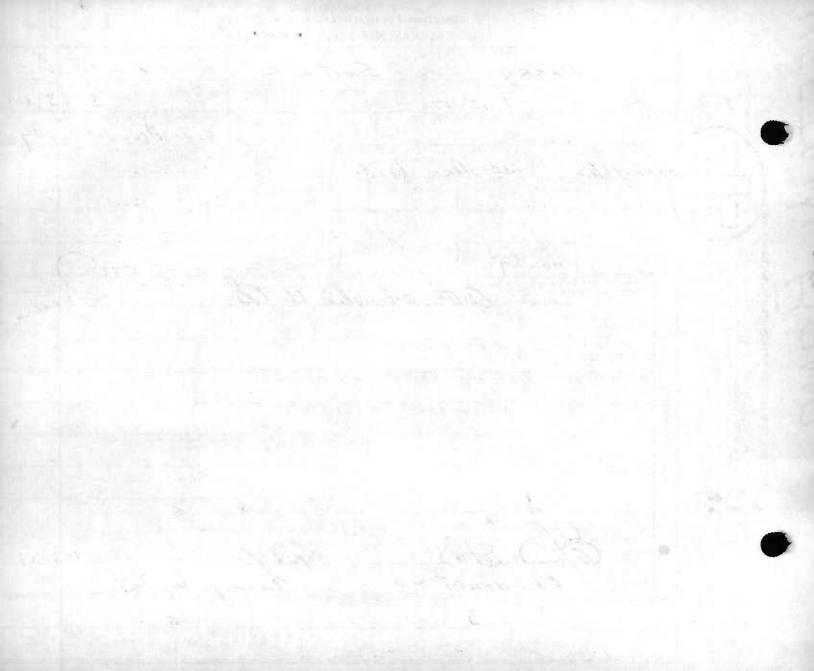
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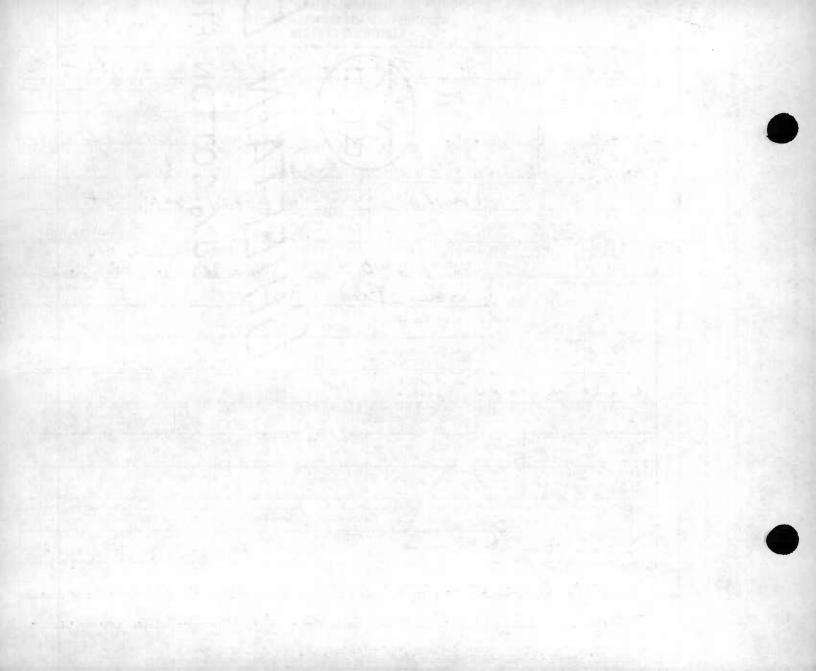
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+ -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 🍎 🔏	30029
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DHMH - 16 50M 1/B1 (VRA 15, 4)

1				STAT	E OF MARYLAND	34 .	Buch	0 /	15 2
	1.	FOR	DF		IEALTH AND MENTAL	HYGIENE O L	3	0 0	L. 1
		REGISTRAR		CERTIF	ICATE OF DEATH	REG	NO.		
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
		Allar	7 C	TI	omason		12 11	82	7:20 A M
	3,5E		1 RACE	5. DATE O		6 AGE (IN YEARS LAS			IF UNDER 24 HRS
	1	MALE	CAUCASIAI	MONTH MONTH	24 00	82	YRS.	HS DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8. MARRIE		9 BALTIMORE CIT		DEATH	
1		Md.	USA	WIDOWE		- Anne And	mdel		MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a USUAL OCCUP		126 KIND OF	BUSINESS OR
2	An	napolis	Anne Hrur	rdel Ge	neval Hosi	Chief Stew		45 UNV	Y Acadon
Ź	Us. S	AL RESIDENCE (IF NURSING HOME OR OTATE 138. COUN	OTHER INSTITUTION GIVE RESIDENT TY 13c. CITY C	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS			/	
J	M	ARYland Anne	0 111 0	vold	YES NO NO	1612 Ch	ockATA	U Rd	
n)	1.74	THER'S NAME	AIDDLE . L	ACT	15 MOTHER'S MAIDEN	NAME		101	
Ю	1	Coulter	The	moson	MARY	MIDDLE	zabeth	tAST .To	nkins
1		AS DECEASED EVER IN U.S. ARA		AL SECURITY NO.	17 INFORMANT		DECC		21012
		ES. NO OR UNKNOWN) (IF YES, GIVE	213-0	3-9968A	Mrs. Anne	Thompson #		•	
	- 10	18 CAUSE OF DEATH (Enter and	7771	THE PERSON NAMED IN	I Mrs. Anne	Thompson t	9 GIG SI		ATE INTERVAL
		PART I. DE ATH WAS CAUSED	E CAUSE (a) Con	4	Heart	Failure		BETWEEN ON	ISET AND DEATH
	5	4793	L CAUSE (U)	1		7			- 944
		Canditions, if any, which	DUE TO, OR AS A COL	VULAY	Heart di	sens e.			
		gave rise to immediate cause (a), stating the	10)			- 1,7,0			
		underlying cause last.	DUE TO, OR AS A CON	rioscience of	tic Cardi	VASCULIAN O	license	46.7 15	
		PART 2 OTHER SIGNIFICANT C	107					INI DART 1	
	NO	CIRERAIA	towal			ERMITAL DISEASE OR CO	NADITION GIVEN	IN PART IIU	
7	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED
1	IFIC					YES TO NOD		G CAUSES O	PF DEATH?
3	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCC	CURRED (ENTER NATURE OF I		OR PART 2)	NO []
7		OR CONTRIBUTING CAUSE OF DEAT			3 7 1 - 4				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION				
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OF	TOWN	COUNTY	STATE
		220.1 certify that (I) (this hospit	attended the deceased	tram MA	R 10 7	2 Dec	//	82	A TO COMPANY
		saw the deceased alive an	Vec 12	10 81 82		ian death accurred an the		d fram the ca	at (1) (we) last
		abave, M (we) (did) (and not	view the bady after death		DEGREE			22c. DATE SI	
		TC Cill.	mo	1	ATTENDING	MEDICAL S	AFF	THE DATE OF	0.120
\dashv	L	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		PHYSICIAN 22e ADDRESS	DIRECTOR PHY	SICIAN	1	
		+0 C.11	i- MID		7 8.00-	Due Sau	erna	Da. K	Mal
-	23.0	URIAL, CREMATION, REMOVAL	123b. DATE	Tas NAME OF C	FILIPS		CINA	1111	1.0
	230 0	Removal	12/12/82	13E NAME OF C	EMETERY OR CREMATO	CITY OR TOWN	c	OUNTY	STATE
	24 FL	INERAL DIRECTOR	12/12/02		125n	DATE REC'D, BY REGISTR	AR 25h REGISTRAL	S S S I GN AT I II	OF.
	-	Anatomy Bo	ard	Balto	., Md.			, 5 5 10 14 10 1	

Mary Later Street Sales All factors of the relief of the Control of the Con

(VRA 15, 4)

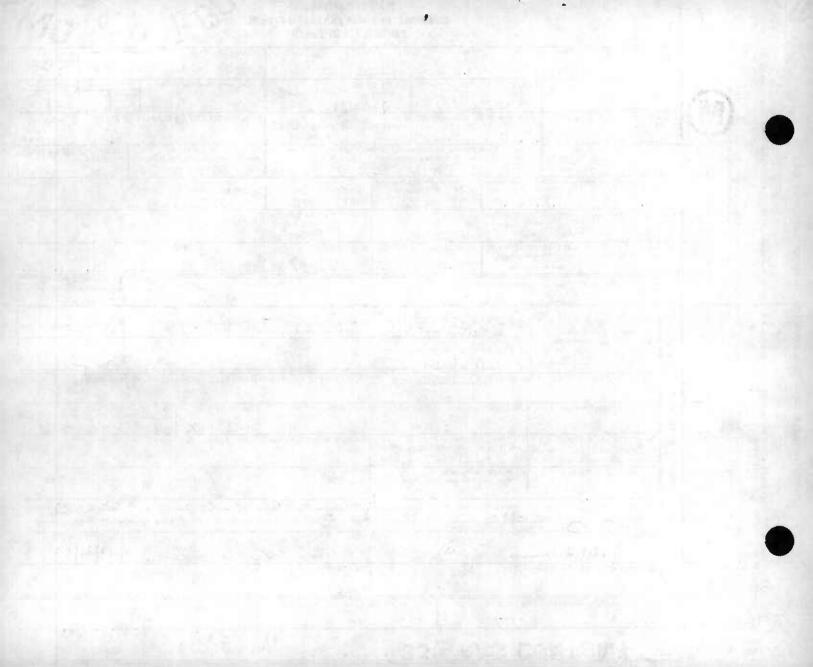
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 7b. HOUR TYPE OR PRINTS 9 BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE Hrnold: 21012 1185 BALTIMORE-ANN, BLVD. everna Park MU PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE .19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN [tuneral Chapel-Amnapolis, Mi)

STATE OF MARYLAND

For S. 1887 No. and		RIGHT I		
				(MANAGE
Talman A ann A		1.8.6		4,
s (GE) blandi	Intrapolit (a	bourd dtrak	Clen Coreit	
utembriet Nachara o pod Neie un nachae i ljes		701= 3-3x	1501 Suza 125 611	
38 (80 380				
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(M) Jr 9 - Dam in			le de la	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



8	1.	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 2 3 0 6 3
6		CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH DAY YEAR 26. HOU
Park	(,,,	RICHA	RD	WATKINS. Sr.	12 17 82
TON !	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
inch!	MA	LE	BLAck	12 DAY YEAR 26 22	60 YRS.
io io		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		BALTIMORE CITY OR COLINTY OF DEATH
2 8	MA	RYLAND	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDET, COUNTY
100	5.5	ITY OR TOWN OF DEATH		IRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
35	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO		BURNIE YES NO	7623 McNamara Drive
olexominer		ATHER'S NAME FIRST WILLIAM		VATKINS FLORENCE	NAME LAST DOWNS
Poges	160	WAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL S	SECURITY NO. 17. INFORMANT	ADDRESS
physical and		NO	219-16	-1646 MARY WATKIN	S 7623 McNamara Dr., Glen Ru-
Then please remove carb r to burial, cremation, or injury, or other traumotic	NOI	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSI	- MALSON MISSON	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
Wental Hygiene prior r Item 18 shows any	CERTIFICATION	198 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NOTE NOTE 20b. IF YES, WERE FINDINGS USET IN CERTIFYING CAUSES OF DEAT YES NO [
oriol-transit		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
nd Mentol dor Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI		19 21f. LOCATION	
7 0	MEC	WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY, OF		CITY ORTOWN COUNTY S
5 4 5		At mone	upital) attended saldel seven to	10/25 10 10	2 12/8 10 82 170
for use of Heal		22s.1 certify that (1) this has saw the deceased alique	12/8/82	3111	on death occurred on the date and hour and from the causes ste
thed for		22h SIGNATURE	not me the body offer death.	DEGREE	22c. DATE SIGNED
te De		Mous	Trint	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
INPORTANT: If hem 21 is m.		224 PHYSICIAN'S NAME	region)	177 ADDRESS	A DIRECTOR OF PRISICIAN OF
Sh × K		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION
		BURIAL		CHEWS CHURCH CEME.	Owensville A.A. Maryla
	24 F	UNERAL DIRECTOR	Annapbl		ATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE
50M 4/82		NAME			

Copper End France Heraston at enema & burg

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR			4211111	TORTE OF PERTIN	REG. I	10.		
1. DECEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
	e Elizab	eth WEBSI	TER		December	13 198	82	7.35PA
1 SEX	4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Caucas	ian	Fel	b 10. 1908	74	YRS.	IONIHS DAYS	HOURS MIN
BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
PENNA.	USA		WIDOW	X.	Anne Arun	lah		M
O CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPA	TION	126 KIND (OF BUSINESS OR
Annapolis	400	eabright			Housewi fe		INDUSTRY	me
USUAL RESIDENCE (IF NURSING TO		GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?			17 3	
Maryland //	910.		aels	YES NO	Star	Route		
14 FATHER'S NAME	MIDDLE	LAST	0010	15 MOTHER'S MAIDEN NA		54-11		AST
Joseph .	Jay	t M31		Fanr	nie Blow		LA	151
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	RESS		V 196
No	GIVE WAR OR DATES)	180-20-7	746	David Webste	r (snouse)	same :	addres	S
CAUSE OF DEATH (Enter	anly ane cause pe	r line far (a), (b), and	d (c)					XIMATE INTERVAL
PART I, DEATH WAS CAU	SED BY: ATE CAUSE (a)	Glioblas	toma	right fronts	lohe st	age TV		onths
1919		R AS A CONSEQUE				08.		OII OII O
Canditians, if any, which	DUE 10, C	IR AS A CONSEQUE	INCE OF					
gave rise to immediate cause (a), stating the	(6)							
underlying cause last.	DUE 10, C	R AS A CONSEQUE	ENCE OF					
PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	NDITION GIVE	EN IN PART 1	(a)
	534		75.7					
190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		, WERE FIND	
None 190. DATE OF OPERATION August 1982 210. ACCIDENT WAS UNDERLYING	Glio	blastoma			YES NOT		YING CAUSES	S OF DEATH?
210 ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR			ART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH DA	AY YEAR					
(IF EITHER NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED		OF INJURY	17	21f. LOCATION				
NOT WHILE ORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR 1	OWN	COUNTY	STATE
22a 1 certify that (I) (the ১১১১	(MINI) attended th	ne deceased fram_	Angus	it , 1982	ta_Deeemb	02 12	19 80	, that (1) (we) las
saw the deceased alive	on Decamb	er 10 19 8	2	nd that in (my) (₫√r) apinian				
abave, (I) (wyx) (did) (didx	not) view the body	after death.		DEGREE			22c. DATI	ESIGNED
1 /herles	W. K	nzer		ATTENDING PHYSICIANI F	MEDICAL ST.	AFF	-	
22d. PHYSICIAN'S NAME (TYP		1		22e ADDRESS	V INCOLON LI 1 113	,CIAIT L	Dec :	13, 1982
Charles W. K	inzer. M	. D.		16 Murray Av	re. Annano	lis M	D 2140	1
136 BURIAL CREMATION REMOV.			VAME OF (CEMETERY OR CREMATORY	23d. LOCATION	e		
BURIAL		16,1982			CITY OR TOWN	CHART	COUNTY	STATE
	P10.	1. 4 9 1. 702	VALL	THE PERIOD IN INC.	1 3 0 1/1	LIDARI	1141	BOT MA

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

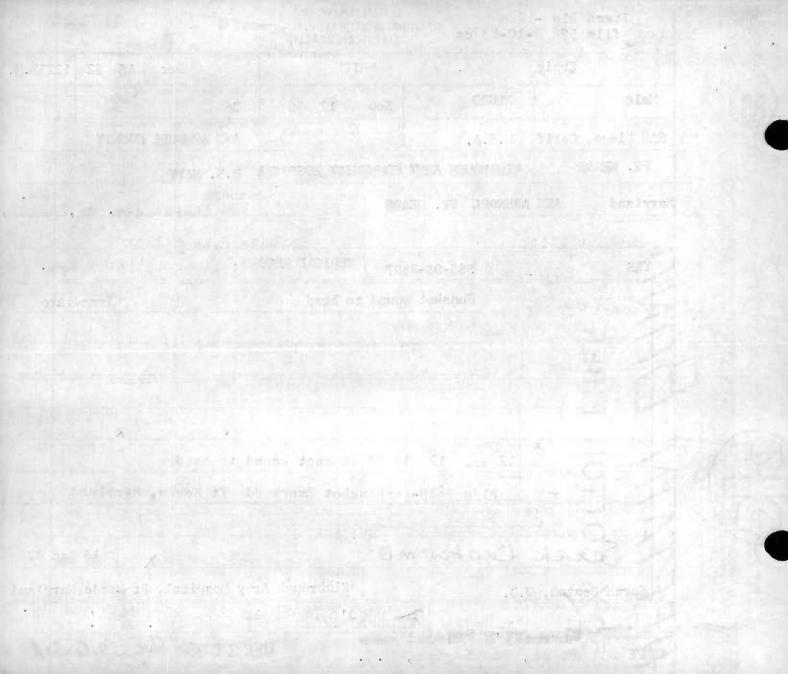
DEC. 16,1982 OLIVET CEMETERY

Andrew . Andrew

							ARYLAND				a local dis-	
	- S	OR TATE			DEPARTMENT OF DICAL EXAMIN				Yu "	3 0	0 3 2	
	DEC	EASED NAME OR PRINT)	FIRST STATE	M E	MIDDLE RNEST	4)	e Ltwa		REG. 20. DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY YEAR 26 HOL	JR M
3. 3	SEX	M 4 RAC		DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST SIRTHE	ARS IF UN AY) MONTH			?c. DATE PRONOUNCED DEAD	MONTH	DAY YEAR 2d HO	
5 N	BIR FOR	THPLACE (STATE OR EIGH COUNTRY) Cyland		U.S.	HAT COUNTRY?	8	ED NEVER MA	RRIED .	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	MAD.
4 4	CIT	EN BUP	vie	I. NAME OF HOS (IF NOT IN SUCH FA	SPITAL, NURSING HOM SCILITY, GO STREET ADDRESS).	EL.		12a. USU	OST OF WORKING LIFE)	helpe	126. KIND OF BUSINESS OR INDUSTRY	_
5 130 N	a. ST. la:	yland	13b. COUNTY A.	A.	ve residence before aomiss 13c. CITY OR TOWN Glen Burr		13d. Inside City Limits Yes 🔲 N Q X	X 702	ET ADDRESS Radnor	Court	t	
74		HER'S NAME rederick		MIOOLE	Weltner		15. MOTHER'S MA		MIDDLE		LAST	
1 16	0. W.	AS DECEASED EVER	IN U.S. ARME	D FORCES?	166. SOCIAL SECURIT	Y NO.	Carri 17. INFORMANT	.e	= ADDRE		ice	-
		, NO, OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	215-09-9	289	Robert	E. W	eltner	same	as above	
4 10. 4 10. 5 10.	2	Conditions, if gave rise to cause (o) stoting lying couse lost	immediate g the <u>under</u> -	(c)	AS A CONSEQUENCE		OR CONOITION GIVEN IN	FPART (a)				_
5	CERTIFICATION	190. DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH OPER	RATION W.	AS PERFORMED?	50.5			20 AUTOPSY?	
3		ZIO. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH DAY YEA	R 21c. HC	W INJURY OCCUP	RRED LENTER N	ATURE OF INJURY IN ITEM	18 PART I OR PAR	YES NO	_
		WHILE NOT AT WORK	WHILE D		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION		CITY OR TOWN	COU	UNTY STATE	
		711 11 01111 711										_
3	-		Notwal	rouses D. Drawfort INHA.	Accident , Su		Hamicide TITLE ISPECIEVE D. ADDRESS A	19 MEDI	Inquiry D, rmined monner C CAL EXAMINER CATION	and in my opi], DATE SIGNED	12/16/82	,

Many and the contract of the c

(1	TYPE	EASED NAME Craig	A.	WHITE	20. DATE OF DEATH	ec 13		HOUR 223P.M
3.	SEX	ale 4.6	NEGRO	S. DATE OF BIRTH SEPT 12 56	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNI	DER I YEAR IF	UNDER 24 HRS
13	SÁ	N Diego, Calif	U.S.A.	*MARRIED TO NEVER MARRIED TO WIDOWED TO DIVORCED TO	9 BALTIMORE CITY OF ANN ARUNI	DEL COUN		MD
121	1	FT. MEADE	KIMBROUGH ARMY	G HOME OR OTHER INSTITUTION COMMUNITY HOSPITAL	120 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF U.S. NAV)		b. KIND OF B IDUSTRY	USINESS OR
E 5 Ma	ary		RUNDEL 130. CITY OR TOWN FT. ME	DE 13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAI	13e. STREET ADDRESS 702 Laur	el Ave	. #4,	Md. Laure
0.20	, rai	Herbert White		FIRST	ra Jean H	illard	LAST	
ledicol	a. W	AS DECEASED EVER IN U.S. ARMED (IF YES, GIVE WA 1975—	D FORCES? 166. SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRE:	SS	rmy C	om. H
vent, th		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B		yound to head				E INTERVAL ET AND DEATH
otice		9554 IMMEDIATE C	DUE TO, OR AS A CONSEQUE				Immedi	ate
other froumotice		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	AUSE (o)	NCE OF			1mmed1	ate
٧. ٥		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	INAL DISEASE OR COND			ate
٧. ٥		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) HOLTIONS CONTRIBUTING TO D	NCE OF	INAL DISEASE OR GOND 20a AUTOPSY? YES M NO		I PART 110. RE FINDING CAUSES OF	S USED
18 shows ony injury, or	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CON 90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) PUITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH (1) 216, TIME OF INJURY HOUR A.M. MONTH DA	NCE OF NCE OF NEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 21c HOW INJURY OCCURR CY2 YEAR Gunshot wou	20a AUTOPSY? YES NO NO	20b. IF YES, WEI	RE FINDINGS C AUSES OF	S USED DEATH?
shows ony injury, or	SEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CON 90 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA 21c PLACE OF INJURY	NCE OF NCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 211: HOW INJURY OCCURE	200 AUTOPSY? YES NO NO NEED (ENTER NATURE OF INJURE OF	20b. IF YES, WEI IN CERTIFYING YES YES	I PART 1(0) RE FINDING: C AUSES OF I OUR PART 2)	S USED DEATH?
18 shows ony injury, or	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CON 90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. IN JURY OCCURRED	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c) DITIONS CONTRIBUTING TO D 21b, TIME OF INJURY HOUR A.M. MONTH DA 21c PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, EACH Bldg 9029—F oftended the deceosed from	NCE OF 200 AUTOPSY? YES NO NO NEED (ENTER NATURE OF INJUR Rd to head Rd Ft Meac	206. IF YES, WEIN CERTIFYING YES TO THE TEMPERATURE OF THE TEMPERATURE	PART 110. RE FINDING CAUSES OF PART 2) OUNTY yland	S USED DEATH? NO STATE	
18 shows ony injury, or	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CON Pa DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22a. Certify that (I) (this hospital) sow the decayed olive on obove, (I) (we) (did) (did not) viii 27b. SIGNIFURE	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (d) NCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 21c HOW INJURY OCCURR Gunshot wou: 21f LOCATION STREET APPLICATION ARM, ETC.) 21f LOCATION STREET DEGREE ATTENDING PHYSICIAN PHYSICIAN	200 AUTOPSY? YES NO NO NEED (ENTER NATURE OF INJUR Rd to head Rd Ft Meac	20b. IF YES, WEI IN CERTIFYING YES IN ITEM 18. PART 1 CO	OUNTY OUNTY OUNTY OF PART 2) OUNTY Thom the county OUNTY O	S USED DEATH? NO STATE I (I) (we) lost sees stoted	
18 shows ony injury, or	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CON 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.t certify that (I) (this hospital) sow the deceased alive on obove, (I) (we) (did) (did not vince to the couse of the cou	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (d) NCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216 HOW INJURY OCCURS Gunshot wou: 216 LOCATION STREET ATTENDING PHYSICIAN 226 ADDRESS	200 AUTOPSY? YES NO DEED (ENTER NATURE OF INJURE and to head Rd Ft Mead To deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	206. IF YES, WEIN CERTIFYING YES AND YIN ITEM IB PARTIC AND THE OND HOUR OND IF IAN X 1, Ft Me	OUNTY yland ounty yland tho from the county Date SICC 13 Depart 2, March	SUSED DEATH? NO STATE t (h) (we) lost sees stoted ENED ec 82 arylance	



X	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENS 7	671
0_	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 3 4
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 26. HOUR
罗州西黎东	("	CARRO	OF ESTI-	12108V D M
SERVE	3. SE	4 RACE	DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS J MIN, PRONOUNCED	DAY YEAR 24 HOUR
\$ 500 E		Male white	Nov. 23.1913 69 YRS. DEAD 12	12-19671 M
J SEES SEES	100	DREIGN COUNTRY)	8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	Y OF DEATH
S S S S S S S S S S S S S S S S S S S	1D. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK)	MD.
PAGE PAGE PAGE PERIED 2001	1	wapolis !	GENOTIN SUCH FACILITY GIVE STREET, ADDRESS) ANNE HRUSLIEL GONEROL RETURNS OF THE STREET	or industry
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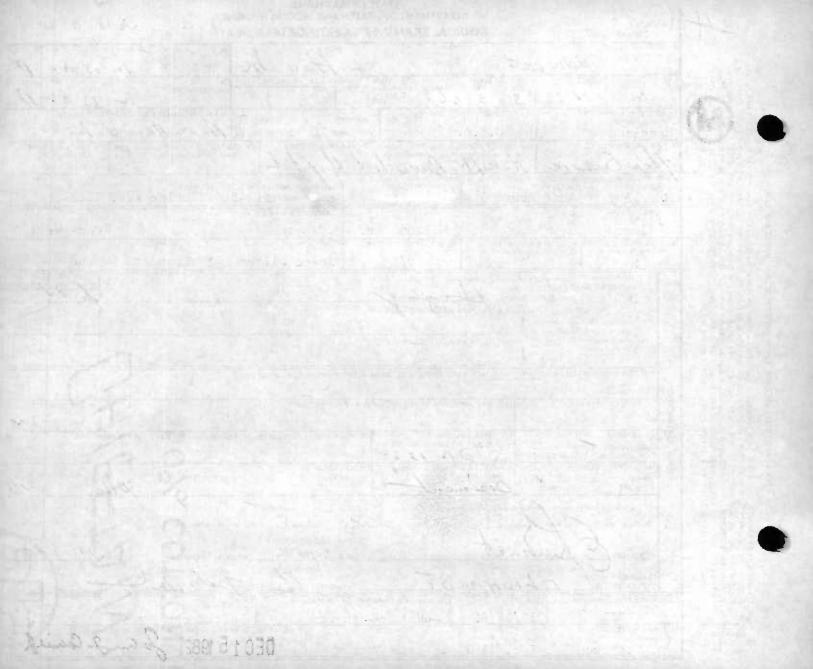
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Charlotte Williams 3198 . SEX 4 RACE 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 9:30F PRONOUNCED White 23 19 82 t emale DEAD YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County. WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 2, AND 3 TO 3. RETAIN PA 2 SHOULD BE F Brooklyn Housewile 13a. STATE 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS 3k. Park 5th. Ave. Bk. Park, Md. 21225 YES [NO X aruland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME S AFTER DEATH.
GIVE PAGES 1, 2 Weurich Ida Albert 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION Mr. Leo E. Williams, Sr. Same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D I, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CREATIFICATE, WRITING THE WORD "PROBLE A SHOULD BE FORWARDED TO THE CHIE! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED TO FLORE DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES K NO 🗌 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXMONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 23 1982 Subject shot 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK AT WORK home 5th Ave Brooklyn Md harge of the rema 22s. I certify that Ltd bave, held or and in my apinion HamicideXX Undetermined manner death resulted TITLE ISPECIFY ChiefMEDICAL EXAMINER 12/24/82 M.Deputy Thomas D. Smith, M.D. EXAMINER'S NAME Balto., MD. III Penn St. TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION Haven Mem Pank. Glen Burnie. ntombment BP. 24. FUNERAL DIRECTOR **DHMH - 17** ully Funeral Home, 130 F. Fort Ave. Balto. Md. (VR A15 ME (5)) 20M 4/82

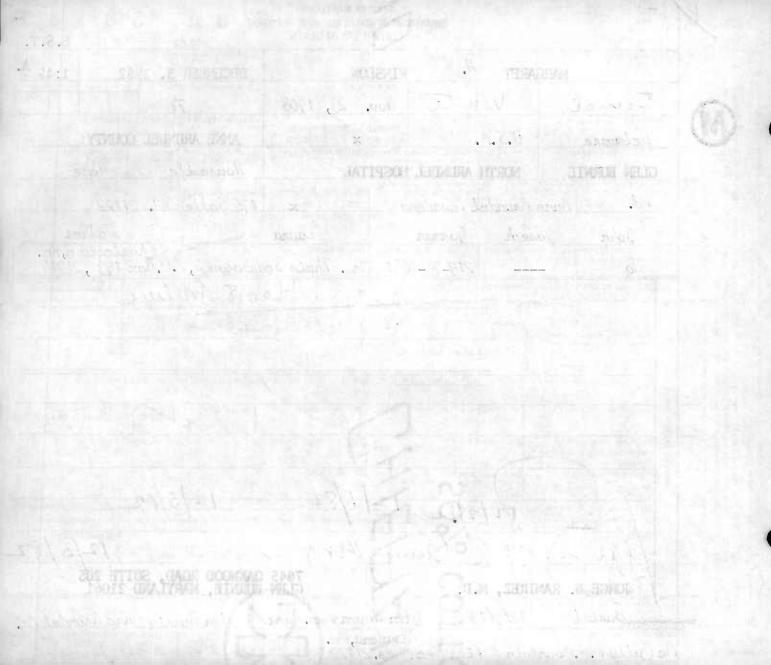
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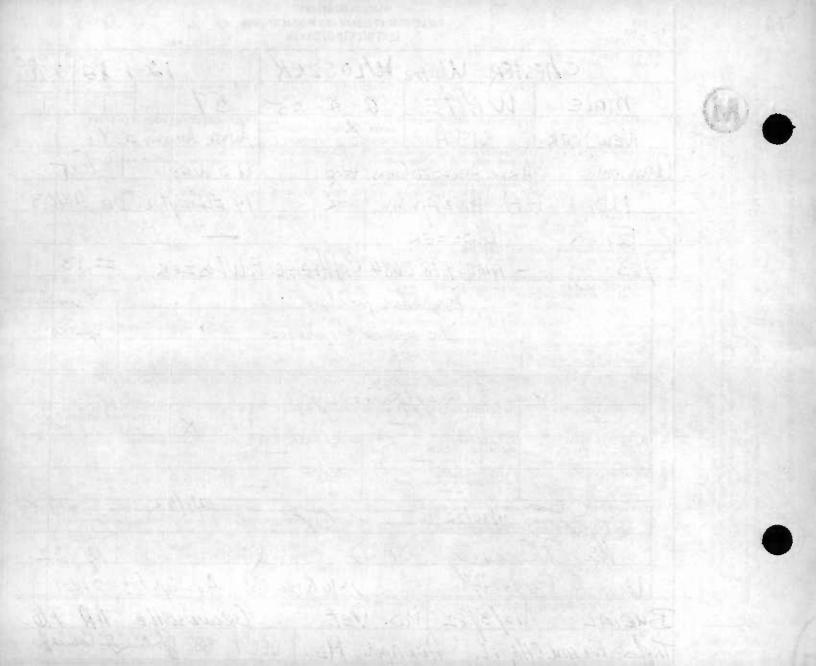
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9 ##		OR PRINT)	GARET N.	WINSLOW		- A.
you page	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF L	UNDER 1 YEAR IF UNDER 24 HRS
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by the t		GLEN BURNIE	NORTH ARUNDE	L HOSPITAL		126. KIND OF BUSINESS OR INDUSTRY
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MARY mplete ond 2		SIRS]	seph Gorma	FigST	WIDDLE	Walker
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours that this certificate has been signed by the ottending physician and completely fulled in by an the buriot ronsit permit. Then please remove corbon papers. Pages 1 and 2 should be the and Mental Hygiene prior to buriot, cremotion, or removal. The page of the property of the prior of the property of the medical examiner must be fit		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	ECURITY NO. 17 INFORMANT	ADDRESS (han canbonough, P.O.Box	lestown, Ad. 193.21914
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Ni -aig		URIAL CHEMATION REMOVAL	12/7/1982 2	Glen Haven Mem. Park	23d. LOCATION	OUNTY A STATE
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(VRA 15, 4)



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3. SEX

I. DECEASED NAME

REGISTRAR

MALE

Md.

To. BIRTHPLACE | STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

GLEN BURNIE

Edward

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL burial

(YES, NO OR UNKNOWN)

no

4. FATHER'S NAME

FIRST

LANCE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 20. DATE OF DEATH 2b. HOUR WOLFE. SR. 1982 DECEMBER 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS *606 WHITE 76 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED U.S.A. ANNE ARUNDEL COUNTY WIDOWED 120. USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)

Machinist INDUSTRY radio NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

Md. 131. COUNTY A. A. 131. Pasadena 13b. COUNTY A. A. 21122 8442 Main Ave. 13d. INSIDE CITY LIMITS? YES T NOXIX 15. MOTHER'S MAIDEN NAME MIDDLE Wolfe Mae Bartholow 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Pasadena Md. LIF YES, GIVE WAR OR DATEST 5668 Mrs. Lance Wolfe 8442 Main Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE C	AUSE (O)			DUELLE
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b)	ng Cana		4mm As
PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	211. LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY STATE
22a.1 certify that (1) (this hospital) saw the deceased alive on above, (1) (we) (did) (did not) vi	198	nd that in (my) (our) opinion	, to / L/L 9/	, 19, that (1) (we) last ond hour and from the causes stated
22h SIGNIATUDE		DECREE		22. DATE SIGNED

22e. ADDRESS

Meadowridge Mem.Pk

231, NAME OF CEMETERY OR CREMATORY

ATTENDING

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

24. FUNERAL DIRECTOR George Gonce 4001 Ritchie Hwy. 21225

12/31/82

KONITS, M.D.

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

CITY OR TOWN

Dorsev

23d LOCATION

DIRECTOR PHYSICIAN

HAMMONDS LANE

BALTIMORE, MARYLAND 21225

MEDICAL

Md.

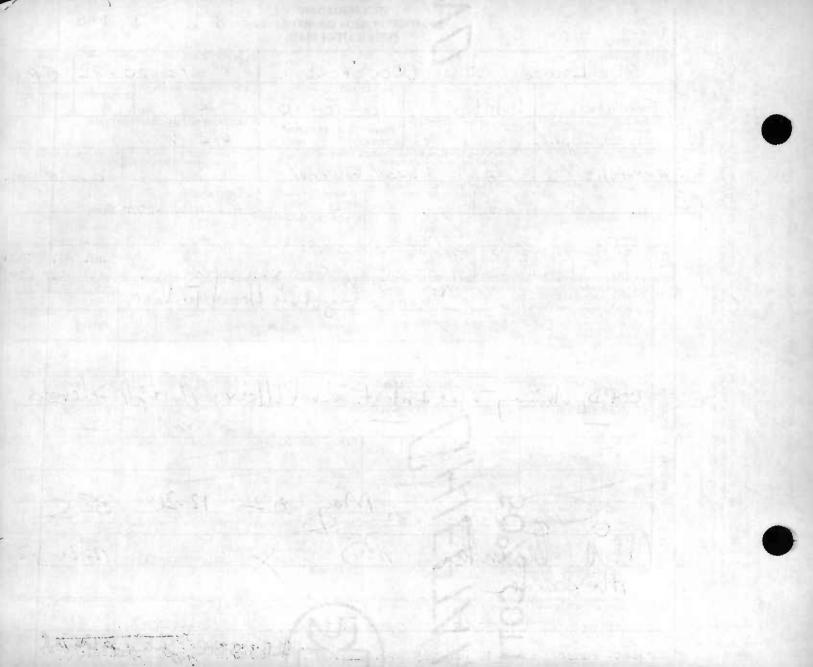
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Loui	ise Holmes Wa	ODFORD	12-20	1-82 5PM
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Female	White	10-10-10	72 YRS.	DATE HOURS MINI
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8.	ARRIED MEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
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	nne Amundel Ann.	YES NO	2608 Quiet Water	Cove
FATHER'S NAME FIRST	MIDDLE LAST	FIRST	WE	LAST
Ollie	Bluker Holmes	Belle	ADDRESS	Ward
				Ann. Md. 2140
no -	579-12-514	5 Cornelius	Woodford 2608 (Duiet Water Co
	IT CONDITIONS CONTRIBUTING TO DEAR	BUTNOT RELATED TO THE TERM COLVOIT ATION WAS PERFORMED	200 AUTOPSY? 200. HTYES, IN CERTIFY	Seed Seed
DECONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY Y	EAR	RED LEWISE MATURE & MUSEY OF TEM 18, PA	AT I CA PART 21
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THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	TAT HOME STREET TACTORY, OFFICE TABLE EL		CHICAGO	COUNTY STATE
-	spital) altered the deceased from	Nlon 108	2 12-20	o SZ the it livel for
sow the decemed since	12-20- 10 82	and that (inv) (ovr) opinion	death occurred on the date and how	
The EIGNATURA	A Dody of ar death	DEGREE	Waterway Control	11s. DATE SIGNED
1). 1) 11	Wander 1	MI) ATTENDING	MEDICAL STAFF	12-21-52
HE PHYNCIAN'S NAME IN	et construct	224 ADDRESS		
Theyou	nace			
BURIAL CREMATION, REMOV	AL 136 DATE 231 NAME	OF CEMETERY OR CREMATORY	234 LOCATION CIT-OLIOWN	COUNTY ITATE
BURIAL CREMATION, REMOV		of CEMETERY OR CREMATORY	CITY DE TOWN	i.
P C	ECEASED NAME PE OR PRINT) EX Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D. (CITY OR TOWN OF DEATH BUAL RESIDENCE (IF NURSING HOME STATE 13b. CO Md. FATHER'S NAME FIRST Ollie WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (ENTER I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (ENTER I. DEATH WAS CALL WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 19 YES WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 19 YES WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 19 YES WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 19 YES WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 19 YES WAS DECEASED EVER IN U.S. WAS DECEASED EVER IN	ECEASED NAME PE OR PRINT) LOUISE Holmes EX Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C. USA WID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSINGTHONE UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSINGTHONE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) TO DIE TO, OR AS A CONSEQUENCE OUSE OIL STORY IN COUSE OIL	ECEASED NAME PROBLEM ARCE	RECEASED NAME 1851 186



DIVISION OF VITAL RECORDS,

